

IN PATIENT SUMMARY BILL

UHID : MMH202476229

IP No : IP2024000992

Patient name : Mr.ABDUL KADAR K

Age : 49 Y 5 M 26 D/Male

Bill No : MMH/MH/IP202400954

Bill Date : 03/05/2024

DOA : 30/4/2024 3:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUBRAMANIYAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 25,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 620.00
8	LABORATORY	₹ 3,030.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 23,000.00
11	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 125,000.00
Net Payable		₹ 125,000.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 75,000.00

Received Amount in Words : One Lakh Twenty-Five Thousand Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/MH/RECH2024015'	CASH	Advance Amount	50,000.00
2	03/05/2024	MMH/MH/REDH2024093.	CASH	Collected Amount	75,000.00