

IN PATIENT SUMMARY BILL

UHID : MMH202476364

IP No : IP2024000998

Patient name : Mr.SHRAVAN RAGHUPATHY

Age : 15 Y 7 M 15 D/Male

Bill No : MMH/MH/IP202400958

Bill Date : 04/05/2024

DOA : 1/5/2024 9:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.DURAI RAVI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 4,100.00
7	PHARMACY CHARGE	₹ 2,719.00
8	PROFESSIONAL TEAM FEES	₹ 2,500.00
Gross Amount		₹ 15,619.00
Net Payable		₹ 15,619.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,381.00

Received Amount in Words : Twenty Thousand Only

KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH20240158	CARD	Advance Amount	20,000.00