## IN PATIENT SUMMARY BILL

: MMH/MH/IP202401136 UHID : MMH202476371 Bill No

: 27/05/2024 : IP2024001170 IP No Bill Date

: Mr.SUJAN BISWAS : 24/5/2024 8:17AM DOA Patient name

: 54 Y 9 M 22 D/Male DOD Age

Entity Type : CASH Entity Name : CASH

: CASH

Consultant Name · Dr.ARAVIND. S.S

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹	2,250.00
4	GENERAL PROCEDURE	₹	1,148.00
5	INJECTION CHARGES	₹	200.00
6	NURSING CHARGE	₹	2,400.00
7	OPERATION THEATRE CHARGES	₹	16,100.00
8	OTHER ADDITION	₹	40,000.00
9	PHARMACY CHARGE	₹	40,622.00
10	PHYSIOTHERAPY	₹	500.00
11	PROFESSIONAL TEAM FEES	₹	43,000.00
12	RADIOLOGY	₹	630.00

**Gross Amount** ₹ 150,500.00 ₹ 150,500.00 Net Payable ₹ 90,000.00 **Advance Amount Received Amount** ₹ 60,500.00

**Received Amount in Words** : One Lakh Fifty Thousand Five Hundred Only SATHISH KUMAR.S

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	90,000.00
2	27/05/2024	MMH/MH/REDH2024112	CARD	Collected Amount	50,000.00
3	27/05/2024	MMH/MH/REDH2024112	CASH	Collected Amount	10,500.00