

IN PATIENT SUMMARY BILL

UHID : MMH202476787

IP No : IP2024001076

Patient name : Mr.SHANMUGA GANAPATHY D

Age : 52 Y 0 M 3 D/Male

Bill No : MMH/MH/IP202401043

Bill Date : 13/05/2024

DOA : 10/5/2024 1:13PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 9,500.00 |
| 3 | DIET CHARGES | ₹ 2,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,250.00 |
| 5 | LABORATORY | ₹ 5,565.00 |
| 6 | NURSING CHARGE | ₹ 2,400.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 4,150.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 21,000.00 |
| 9 | RADIOLOGY | ₹ 400.00 |
| Gross Amount | | ₹ 47,615.00 |
| Net Payable | | ₹ 47,615.00 |
| Advance Amount | | ₹ 25,000.00 |
| Received Amount | | ₹ 22,615.00 |

Received Amount in Words : Forty-Seven Thousand Six Hundred Fifteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 10/05/2024 | MMH/MH/RECH2024017 | CASH | Advance Amount | 5,000.00 |
| 2 | 10/05/2024 | MMH/MH/RECH2024017 | CASH | Advance Amount | 15,000.00 |
| 3 | 10/05/2024 | MMH/MH/RECH2024017 | UPI | Advance Amount | 5,000.00 |
| 4 | 13/05/2024 | MMH/MH/REDH2024101 | CHEQUE | Collected Amount | 1,609.00 |
| 5 | 13/05/2024 | MMH/MH/REDH2024101 | CARD | Collected Amount | 21,006.00 |