

IN PATIENT SUMMARY BILL

UHID : MMH202476799

IP No : IP2024001079

Patient name : Mr.SRI ROUTH

Age : 63 Y 2 M 23 D/Male

Bill No : MMH/MH/IP202401068

Bill Date : 18/05/2024

DOA : 10/5/2024 7:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVIND. S.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,250.00
5	EQUIPMENT	₹ 1,500.00
6	GENERAL PROCEDURE	₹ 450.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 15,048.00
9	NURSING CHARGE	₹ 5,600.00
10	OPERATION THEATRE CHARGES	₹ 19,050.00
11	PHARMACY CHARGE	₹ 52,023.00
12	PHYSIOTHERAPY	₹ 1,000.00
13	PROFESSIONAL TEAM FEES	₹ 57,299.00
14	RADIOLOGY	₹ 5,530.00
Gross Amount		₹ 175,000.00
Net Payable		₹ 175,000.00
Advance Amount		₹ 130,000.00
Received Amount		₹ 45,000.00

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

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	20,000.00
2	11/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	20,000.00
3	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	20,000.00
4	15/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	20,000.00
5	16/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	50,000.00
6	18/05/2024	MMH/MH/REDH2024104	CARD	Collected Amount	30,000.00
7	18/05/2024	MMH/MH/REDH2024104	CASH	Collected Amount	15,000.00