

IN PATIENT SUMMARY BILL

UHID : MMH202476872

IP No : IP2024001105

Patient name : Mr.ARAVIND KUMAR G

Age : 40 Y 0 M 5 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401057

Bill Date : 16/05/2024

DOA : 15/5/2024 10:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,400.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 13,550.00
8	PROFESSIONAL TEAM FEES	₹ 43,000.00
9	RADIOLOGY	₹ 3,360.00
Gross Amount		₹ 67,554.00
Net Payable		₹ 67,554.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 37,554.00

Received Amount in Words : Sixty-Seven Thousand Five Hundred Fifty-Four Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/05/2024	MMH/MH/RECH20240170	CASH	Advance Amount	30,000.00
2	16/05/2024	MMH/MH/REDH2024103	UPI	Collected Amount	7,550.00
3	16/05/2024	MMH/MH/REDH2024103	CASH	Collected Amount	30,004.00