

IN PATIENT SUMMARY BILL

UHID : MMH202476973

IP No : IP2024001103

Patient name : Mr.PRAKASH S

Age : 61 Y 0 M 6 D/Male

Consultant Name : Dr.PADMANABHAN K

Bill No : MMH/MH/IP202401058

Bill Date : 16/05/2024

DOA : 14/5/2024 7:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 4,463.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 8,500.00
8	PROFESSIONAL TEAM FEES	₹ 39,000.00
9	RADIOLOGY	₹ 18,525.00
Gross Amount		₹ 76,338.00
Net Payable		₹ 76,338.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 56,338.00

Received Amount in Words : Seventy-Six Thousand Three Hundred
Thirty-Eight Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/05/2024	MMH/MH/RECH20240170	UPI	Advance Amount	20,000.00
2	16/05/2024	MMH/MH/REDH20241030	CARD	Collected Amount	56,338.00