

IN PATIENT SUMMARY BILL

UHID : MMH202477039

IP No : IP2024001117

Patient name : Mr.AKHIL KUMAR A

Age : 28 Y 9 M 10 D/Male

Bill No : MMH/MH/IP202401069

Bill Date : 18/05/2024

DOA : 17/5/2024 11:36AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SANJAY PRAKASH J

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 126.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 8,350.00
7	PROFESSIONAL TEAM FEES	₹ 40,000.00
Gross Amount		₹ 51,476.00
Net Payable		₹ 51,476.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 31,476.00

Received Amount in Words : Fifty-One Thousand Four Hundred Seventy-Six Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/05/2024	MMH/MH/RECH20240178	CASH	Advance Amount	20,000.00
2	18/05/2024	MMH/MH/REDH20241041	CASH	Collected Amount	31,476.00