

IN PATIENT SUMMARY BILL

UHID : MMH202477140

IP No : IP2024001145

Patient name : Mr.ARUNACHALAM K

Age : 66 Y 1 M 27 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401098

Bill Date : 22/05/2024

DOA : 21/5/2024 8:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 216.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 10,970.00
8	PROFESSIONAL TEAM FEES	₹ 95,000.00

Gross Amount₹ 116,161.00

Net Payable₹ 116,161.00

Advance Amount₹ 10,000.00

Received Amount₹ 106,161.00

Received Amount in Words : One Lakh Sixteen Thousand One Hundred Sixty-One Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	10,000.00
2	22/05/2024	MMH/MH/REDH2024108	CARD	Collected Amount	50,000.00
3	22/05/2024	MMH/MH/REDH2024108	UPI	Collected Amount	56,161.00