

IN PATIENT SUMMARY BILL

UHID : MMH202477159

IP No : IP2024001380

Patient name : Mr.ARUNACHALAM J

Age : 59 Y 4 M 3 D/Male

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202401309

Bill Date : 20/06/2024

DOA : 19/6/2024 8:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 2,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,051.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 2,500.00
9	PROFESSIONAL TEAM FEES	₹ 8,500.00
Gross Amount		₹ 17,251.00
Net Payable		₹ 17,251.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 12,251.00

Received Amount in Words : Seventeen Thousand Two Hundred Fifty-One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/19/2024	MMH/MH/RECH202402262	CASH	Advance Amount	5,000.00
2	6/20/2024	MMH/MH/REDH202413253	CASH	Collected Amount	12,251.00