

IN PATIENT SUMMARY BILL

UHID : MMH202477207

IP No : IP2024001186

Patient name : Mr.JULI MESIYAN A

Age : 47 Y 2 M 19 D/Male

Bill No : MMH/MH/IP202401144

Bill Date : 27/05/2024

DOA : 27/5/2024 4:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.GOWRI SHANKAR.M

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	₹ 1,701.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 9,500.00
9	PROFESSIONAL TEAM FEES	₹ 31,000.00
Gross Amount		₹ 47,401.00
Net Payable		₹ 47,401.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 17,401.00

Received Amount in Words : Forty-Seven Thousand Four Hundred One Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	30,000.00
2	27/05/2024	MMH/MH/REDH2024113	CASH	Collected Amount	17,401.00