

IN PATIENT SUMMARY BILL

UHID : MMH202477248

IP No : IP2024001180

Patient name : Master.ANANTHA SAI SHYAM A

Age : 11 Y 7 M 28 D/Male

Bill No : MMH/MH/IP202401130

Bill Date : 25/05/2024

DOA : 25/5/2024 4:59AM

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	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 1,575.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 15,000.00
9	PROFESSIONAL TEAM FEES	₹ 31,000.00
Gross Amount		₹ 52,275.00
Net Payable		₹ 52,275.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 22,275.00

Received Amount in Words : Fifty-Two Thousand Two Hundred Seventy-Five Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	30,000.00
2	25/05/2024	MMH/MH/REDH2024112	CASH	Collected Amount	22,275.00