

IN PATIENT SUMMARY BILL

UHID : MMH202477382

IP No : IP2024001274

Patient name : Mr.KAMALAKANNAN

Age : 52 Y 0 M 3 D/Male

Consultant Name : Dr.DURAI RAVI

Bill No : MMH/MH/IP202401211

Bill Date : 06/06/2024

DOA : 5/6/2024 7:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 7,500.00
6	LABORATORY	₹ 528.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 14,800.00
9	PROFESSIONAL TEAM FEES	₹ 50,000.00
Gross Amount		₹ 77,978.00
Net Payable		₹ 77,978.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 57,978.00

Received Amount in Words : Seventy-Seven Thousand Nine Hundred Seventy-Eight Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/5/2024	MMH/MH/RECH202402083	CASH	Advance Amount	20,000.00
2	6/6/2024	MMH/MH/REDH202412153	CASH	Collected Amount	57,978.00