

IN PATIENT SUMMARY BILL

UHID : MMH202477282

IP No : IP2024001189

Patient name : Child.VISHNU PRIYA M

Age : 5 Y 0 M 21 D/Female

Bill No : MMH/MH/IP202401148

Bill Date : 28/05/2024

DOA : 27/5/2024 11:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIGNESHWARAN P

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	INJECTION CHARGES	₹ 200.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 9,850.00
8	PROFESSIONAL TEAM FEES	₹ 30,000.00
9	RADIOLOGY	₹ 1,575.00
Gross Amount		₹ 45,625.00
Net Payable		₹ 45,625.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 25,625.00

Received Amount in Words : Forty-Five Thousand Six Hundred Twenty-Five Only

KARTHICK.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	20,000.00
2	28/05/2024	MMH/MH/REDH2024114	CASH	Collected Amount	25,625.00