

IN PATIENT SUMMARY BILL

UHID : MMH202477699

IP No : IP2024001286

Patient name : Mr.SATHISH.C.S.

Age : 39 Y 4 M 19 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401230

Bill Date : 09/06/2024

DOA : 7/6/2024 1:54PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 600.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 8,243.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 8,250.00
9	PROFESSIONAL TEAM FEES	₹ 20,000.00
10	RADIOLOGY	₹ 2,400.00

Gross Amount₹ 45,343.00

Net Payable₹ 45,343.00

Advance Amount₹ 30,000.00

Received Amount₹ 15,343.00

Received Amount in Words : Forty-Five Thousand Three Hundred Forty-Three Only

SATHISH KUMAR.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/7/2024	MMH/MH/RECH202402111	CARD	Advance Amount	30,000.00
2	6/9/2024	MMH/MH/REDH202412354	CARD	Collected Amount	15,343.00