

IN PATIENT SUMMARY BILL

UHID : MMH202477914

IP No : IP2024001312

Patient name : Mr.MUKESH.M

Age : 15 Y 7 M 0 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401306

Bill Date : 20/06/2024

DOA : 11/6/2024 5:13PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 3,850.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 38,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 2,600.00
6	GENERAL PROCEDURE	₹ 1,500.00
7	INJECTION CHARGES	₹ 1,140.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 3,010.00
10	NURSING CHARGE	₹ 8,400.00
11	OPERATION THEATRE CHARGES	₹ 29,850.00
12	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 100,000.00
Net Payable		₹ 100,000.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Zero Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/11/2024	MMH/MH/RECH202402164	CASH	Advance Amount	100,000.00