

IN PATIENT SUMMARY BILL

UHID : MHP202400841

IP No : IP2024001673

Patient name : Mr.SHIVARAMAN A B S

Age : 76 Y 11 M 27 D/Male

Bill No : MMH/MH/IP202401615

Bill Date : 27/07/2024

DOA : 26/7/2024 10:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RENGAN.R.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEDURE	₹ 450.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 13,050.00
9	PROFESSIONAL TEAM FEES	₹ 10,056.00
Gross Amount		₹ 30,000.00
Net Payable		₹ 30,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/26/2024	MMH/MH/RECH202402837	UPI	Advance Amount	30,000.00