

IN PATIENT SUMMARY BILL

UHID : MMH202478093

IP No : IP2024001331

Patient name : Mr.YUVARAJ.K.B

Age : 30 Y 0 M 17 D/Male

Consultant Name : Dr.BALAJI.P.S

Bill No : MMH/MH/IP202401312

Bill Date : 20/06/2024

DOA : 14/6/2024 9:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 16,500.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INJECTION CHARGES	₹ 1,140.00
8	LABORATORY	₹ 4,543.00
9	NURSING CHARGE	₹ 4,800.00
10	OPERATION THEATRE CHARGES	₹ 13,800.00
11	PHYSIOTHERAPY	₹ 3,600.00
12	PROFESSIONAL TEAM FEES	₹ 43,000.00
13	RADIOLOGY	₹ 660.00
Gross Amount		₹ 94,893.00
Net Payable		₹ 94,893.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 64,893.00

Received Amount in Words : Ninety-Four Thousand Eight Hundred Ninety-Three Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/14/2024	MMH/MH/RECH202402188	CARD	Advance Amount	30,000.00
2	6/20/2024	MMH/MH/REDH202413257	CARD	Collected Amount	64,893.00