

IN PATIENT SUMMARY BILL

UHID : MHP202400851

IP No : IP2024001429

Patient name : Mr.ANANDHAN .G

Age : 44 Y 6 M 0 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401367

Bill Date : 26/06/2024

DOA : 25/6/2024 10:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 4,000.00
4	GENERAL PROCEDURE	₹ 1,000.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	NURSING CHARGE	₹ 2,000.00
7	PHYSIOTHERAPY	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 2,000.00
9	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 23,350.00
Net Payable		₹ 23,350.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 13,350.00

Received Amount in Words : Twenty-Three Thousand Three Hundred Fifty Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MH/RECH202402361	UPI	Advance Amount	10,000.00
2	6/26/2024	MMH/MH/REDH202413690	UPI	Collected Amount	13,350.00