IN PATIENT SUMMARY BILL

UHID : MMH202478523 Bill No : MMH/MH/IP202401424

: IP2024001468 : 02/07/2024 IP No Bill Date

Patient name : Mr.GANESH A : 1/7/2024 9:35AM DOA

DOD : 20 Y 5 M 9 D/Male Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	1,650.00
3	DUTY MEDICAL OFFICER CHARGE		₹	1,125.00
4	EQUIPMENT		₹	5,000.00
5	GENERAL PROCEDURE		₹	450.00
6	LABORATORY		₹	144.00
7	NURSING CHARGE		₹	1,200.00
8	OPERATION THEATRE CHARGES		₹	19,620.00
9	PHYSIOTHERAPY		₹	1,200.00
10	PROFESSIONAL TEAM FEES		₹	53,000.00
11	RADIOLOGY		₹	400.00
		Gross Amount	₹	84,139.00
		Net Payable	₹	84,139.00
		Advance Amount	₹	80,000.00

₹ **Received Amount** 4,139.00

Received Amount in Words : Eighty-Four Thousand One Hundred Thirty-Nine Only KARTHICK.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/1/2024	MMH/MH/RECH202402442	UPI	Advance Amount	30,000.00
2	7/2/2024	MMH/MH/RECH202402459	UPI	Advance Amount	50,000.00
3	7/2/2024	MMH/MH/REDH202414225	CASH	Collected Amount	4,139.00