

IN PATIENT SUMMARY BILL

UHID : MMH202478545

IP No : IP2024001428

Patient name : Master.ZAID

Age : 5 Y 5 M 29 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401383

Bill Date : 27/06/2024

DOA : 25/6/2024 8:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 2,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,002.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 18,300.00
10	PROFESSIONAL TEAM FEES	₹ 38,000.00
11	RADIOLOGY	₹ 1,260.00
Gross Amount		₹ 71,862.00
Net Payable		₹ 71,862.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 41,862.00

Received Amount in Words : Seventy-One Thousand Eight Hundred Sixty-Two 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/RECH202402360	UPI	Advance Amount	30,000.00
2	6/27/2024	MMH/MH/REDH202413799	CHEQUE	Collected Amount	2,180.00
3	6/27/2024	MMH/MH/REDH202413800	UPI	Collected Amount	39,682.00