

IN PATIENT SUMMARY BILL

UHID : MMH202478695

IP No : IP2024001516

Patient name : Mr.RAVICHANDRAN.P

Age : 61 Y 0 M 0 D/Male

Consultant Name : Dr.GOWRI SHANKAR.M

Bill No : MMH/MH/IP202401640

Bill Date : 30/07/2024

DOA : 7/7/2024 6:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 2,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 2,952.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 12,500.00
9	PROFESSIONAL TEAM FEES	₹ 44,000.00
Gross Amount		₹ 67,402.00
Net Payable		₹ 67,402.00
Advance Amount		₹ 67,402.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Seven Thousand Four Hundred Two Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/7/2024	MMH/MH/RECH202402899	CARD	Advance Amount	15,000.00
2	7/7/2024	MMH/MH/RECH202402901	CARD	Advance Amount	52,402.00