## IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401421 : MMH202478788 Bill No

: IP2024001477 : 02/07/2024 Bill Date IP No

Patient name : Mr.SUNIL KUMAR GUPTA : 2/7/2024 7:00AM DOA

: 31 Y 10 M 18 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.BALAJI.P.S

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	550.00
3	DUTY MEDICAL OFFICER CHARGE		₹	375.00
4	INJECTION CHARGES		₹	200.00
5	LABORATORY		₹	126.00
6	NURSING CHARGE		₹	400.00
7	OPERATION THEATRE CHARGES		₹	3,850.00
8	PHARMACY CHARGE		₹	4,664.00
9	PROFESSIONAL TEAM FEES		₹	9,485.00
		Gross Amount	₹	20,000.00
		Net Payable	₹	20,000.00

₹ 20,000.00 **Advance Amount** ₹ **Received Amount** 0.00

**Received Amount in Words** : Twenty Thousand Only SUDHA.M **Authorised Signature** 

**Payment History** 

S.	No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1		7/2/2024	MMH/MH/RECH202402457	CARD	Advance Amount	20,000.00