

IN PATIENT SUMMARY BILL

UHID : MMH202479151

IP No : IP2024001550

Patient name : Mr.KARNAN.U

Age : 42 Y 8 M 18 D/Male

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202401498

Bill Date : 14/07/2024

DOA : 11/7/2024 1:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	EQUIPMENT	₹ 7,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 6,372.00
7	NURSING CHARGE	₹ 2,800.00
8	OPERATION THEATRE CHARGES	₹ 14,700.00
9	PROFESSIONAL TEAM FEES	₹ 45,000.00
Gross Amount		₹ 94,247.00
Net Payable		₹ 94,247.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 44,247.00

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

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MH/RECH202402582	CARD	Advance Amount	10,000.00
2	7/11/2024	MMH/MH/RECH202402592	CASH	Advance Amount	40,000.00
3	7/14/2024	MMH/MH/REDH202415296	CHEQUE	Collected Amount	1,108.00
4	7/14/2024	MMH/MH/REDH202415297	CARD	Collected Amount	43,139.00