

IN PATIENT SUMMARY BILL

UHID : MHI202484802

IP No : IP2024001574

Patient name : Mr.DHARMAN.S

Age : 60 Y 3 M 11 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401507

Bill Date : 15/07/2024

DOA : 12/7/2024 4:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 3,300.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,250.00 |
| 4 | EQUIPMENT | ₹ 8,500.00 |
| 5 | GENERAL PROCEDURE | ₹ 15,825.00 |
| 6 | LABORATORY | ₹ 9,115.00 |
| 7 | NURSING CHARGE | ₹ 2,400.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 10,000.00 |
| 9 | PULMONOLOGIST | ₹ 2,500.00 |
| Gross Amount | | ₹ 54,240.00 |
| Net Payable | | ₹ 54,240.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 44,240.00 |

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

KARTHICK.S
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/12/2024 | MMH/MH/RECH202402625 | CASH | Advance Amount | 10,000.00 |
| 2 | 7/15/2024 | MMH/MH/REDH202415404 | CARD | Collected Amount | 44,240.00 |