

IN PATIENT SUMMARY BILL

UHID : MMH202480609

IP No : IP2024001826

Patient name : Dr.DHARANIYA M

Age : 31 Y 10 M 20 D/Female

Bill No : MMH/MH/IP202401762

Bill Date : 17/08/2024

DOA : 15/8/2024 6:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 5,500.00  |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00  |
| 4               | EQUIPMENT                   | ₹ 5,000.00  |
| 5               | GENERAL PROCEEDURE          | ₹ 1,000.00  |
| 6               | INJECTION CHARGES           | ₹ 200.00    |
| 7               | LABORATORY                  | ₹ 132.00    |
| 8               | NURSING CHARGE              | ₹ 1,600.00  |
| 9               | OPERATION THEATRE CHARGES   | ₹ 9,850.00  |
| 10              | PROFESSIONAL TEAM FEES      | ₹ 5,000.00  |
| 11              | RADIOLOGY                   | ₹ 950.00    |
| Gross Amount    |                             | ₹ 31,082.00 |
| Net Payable     |                             | ₹ 31,082.00 |
| Advance Amount  |                             | ₹ 35,000.00 |
| Received Amount |                             | ₹ 0.00      |
| Refund Amount   |                             | ₹ 3,918.00  |

Received Amount in Words : Thirty-Five Thousand Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1    | 8/15/2024    | MMH/MH/RECH202403150 | UPI          | Advance Amount | 20,000.00       |
| 2    | 8/15/2024    | MMH/MH/RECH202403153 | UPI          | Advance Amount | 15,000.00       |