

IN PATIENT SUMMARY BILL

UHID : MH25815

IP No : IP2024001858

Patient name : Mr.GANESH S

Age : 34 Y 7 M 20 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401790

Bill Date : 21/08/2024

DOA : 19/8/2024 11:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 300.00
6	GENERAL PROCEEDURE	₹ 500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 4,548.00
9	NURSING CHARGE	₹ 800.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	PROFESSIONAL TEAM FEES	₹ 16,000.00
12	RADIOLOGY	₹ 1,720.00
Gross Amount		₹ 39,368.00
Net Payable		₹ 39,368.00
Advance Amount		₹ 39,368.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Nine Thousand Three Hundred Sixty-Eight Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/19/2024	MMH/MH/RECH202403201	UPI	Advance Amount	20,000.00
2	8/20/2024	MMH/MH/RECH202403222	UPI	Advance Amount	19,368.00