

IN PATIENT SUMMARY BILL

UHID : MMH202481318

IP No : IP2024002000

Patient name : Mr.NARAYANAN K

Age : 55 Y 0 M 16 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401946

Bill Date : 11/09/2024

DOA : 9/9/2024 5:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 403.00 |
| 2 | BED CHARGES | ₹ 2,200.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 4 | INJECTION CHARGES | ₹ 230.00 |
| 5 | LABORATORY | ₹ 14,276.00 |
| 6 | NURSING CHARGE | ₹ 1,600.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 8,625.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 25,500.00 |
| 9 | RADIOLOGY | ₹ 1,064.00 |
| Gross Amount | | ₹ 55,398.00 |
| Discount Amount | | ₹ 8,309.00 |
| Net Payable | | ₹ 47,089.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 37,089.00 |

Received Amount in Words : Forty-Seven Thousand Eighty-Nine Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 9/11/2024 | MMH/MH/REDH202419980 | UPI | Collected Amount | 18,450.00 |
| 2 | 9/9/2024 | MMH/MH/RECH202403489 | CARD | Advance Amount | 10,000.00 |
| 3 | 9/11/2024 | MMH/MH/REDH202419979 | CARD | Collected Amount | 18,639.00 |