

IN PATIENT SUMMARY BILL

UHID : MMH202481365

IP No : IP2024002020

Patient name : Mr.SANATAN KHAN

Age : 44 Y 2 M 30 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401979

Bill Date : 16/09/2024

DOA : 11/9/2024 8:05AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 5,500.00 |
| 3 | DIET CHARGES | ₹ 1,500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,750.00 |
| 5 | INJECTION CHARGES | ₹ 1,340.00 |
| 6 | LABORATORY | ₹ 2,016.00 |
| 7 | NURSING CHARGE | ₹ 4,000.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 22,450.00 |
| 9 | PHARMACY CHARGE | ₹ 53,234.00 |
| 10 | PHYSIOTHERAPY | ₹ 2,000.00 |
| 11 | PROCEDURE CHARGES | ₹ 950.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 45,910.00 |
| Gross Amount | | ₹ 143,000.00 |
| Net Payable | | ₹ 143,000.00 |
| Advance Amount | | ₹ 143,000.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : One Lakh Forty-Three Thousand Only

KARTHICK
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|----------------|-----------------|
| 1 | 9/12/2024 | MMH/MH/RECH202403552 | UPI | Advance Amount | 4,500.00 |
| 2 | 9/16/2024 | MMH/MH/RECH202403599 | UPI | Advance Amount | 60,000.00 |
| 3 | 9/16/2024 | MMH/MH/RECH202403600 | CARD | Advance Amount | 78,500.00 |