

IN PATIENT SUMMARY BILL

UHID : MMH202481849

IP No : IP2024002156

Patient name : Mr.SUNDARARAJAN.A

Age : 67 Y 11 M 24 D/Male

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202402085

Bill Date : 28/09/2024

DOA : 27/9/2024 7:36AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 126.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 8,874.00
7	PROFESSIONAL TEAM FEES	₹ 18,000.00
Gross Amount		₹ 30,000.00
Net Payable		₹ 30,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/RECH202403776	UPI	Advance Amount	30,000.00