

IN PATIENT SUMMARY BILL

UHID : MMH202481876

IP No : IP2024002151

Patient name : Master.SIVAANDA SAI VIGNESH

Age : 12 Y 4 M 24 D/Male

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202402082

Bill Date : 27/09/2024

DOA : 26/9/2024 12:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,775.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	LABORATORY	₹ 144.00
5	NURSING CHARGE	₹ 1,200.00
6	OPERATION THEATRE CHARGES	₹ 13,150.00
7	PROCEDURE CHARGES	₹ 450.00
8	PROFESSIONAL TEAM FEES	₹ 36,000.00
9	RADIOLOGY	₹ 720.00
Gross Amount		₹ 58,914.00
Net Payable		₹ 58,914.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 8,914.00

Received Amount in Words : Fifty-Eight Thousand Nine Hundred Fourteen Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/RECH202403765	UPI	Advance Amount	30,000.00
2	9/26/2024	MMH/MH/RECH202403768	CARD	Advance Amount	20,000.00
3	9/27/2024	MMH/MH/REDH202421295	CARD	Collected Amount	8,914.00