IN PATIENT SUMMARY BILL

UHID : MMH202481886 Bill No : MMH/MH/IP202402080

: IP2024002152 : 27/09/2024 IP No Bill Date

Patient name : Mr.AAKASH M : 26/9/2024 1:43PM DOA

DOD 30 Y 0 M 20 D/Male Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.GOWRI SHANKAR.M

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	6,325.00
3	DUTY MEDICAL OFFICER CHARGE		₹	1,125.00
4	EQUIPMENT		₹	4,000.00
5	INJECTION CHARGES		₹	200.00
6	LABORATORY		₹	1,800.00
7	NURSING CHARGE		₹	1,200.00
8	OPERATION THEATRE CHARGES		₹	23,450.00
9	PHARMACY CHARGE		₹	13,873.00
10	PROCEDURE CHARGES		₹	500.00
11	PROFESSIONAL TEAM FEES		₹	42,000.00
		Gross Amount	₹	94,823.00
		Net Payable	₹	94,823.00
		Advance Amount	₹	92,035.00

₹ **Received Amount** 2,788.00

: Ninety-Four Thousand Eight Hundred Twenty-Three **SUDHA Received Amount in Words**

Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/REDH202421289	CHEQUE	Collected Amount	2,788.00
2	9/26/2024	MMH/MH/RECH202403767	NEFT	Advance Amount	50,000.00
3	9/27/2024	MMH/MH/RECH202403784	NEFT	Advance Amount	42,035.00