

IN PATIENT SUMMARY BILL

UHID : MMH202482298

IP No : IP2024002204

Patient name : Mr.SHREEDHARAN J R

Age : 48 Y 6 M 27 D/Male

Consultant Name : Dr.AYYAPPAN.M.K

Bill No : MMH/MH/IP202402152

Bill Date : 07/10/2024

DOA : 3/10/2024 7:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 7,632.00
6	NURSING CHARGE	₹ 3,200.00
7	OPERATION THEATRE CHARGES	₹ 5,000.00
8	PHYSIOTHERAPY	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 38,000.00
Gross Amount		₹ 78,282.00
Net Payable		₹ 78,282.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 33,282.00

Received Amount in Words : Seventy-Eight Thousand Two Hundred Eighty-Two Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MH/REDH202422026	CHEQUE	Collected Amount	2,367.00
2	10/3/2024	MMH/MH/RECH202403892	CARD	Advance Amount	20,000.00
3	10/4/2024	MMH/MH/RECH202403897	CARD	Advance Amount	25,000.00
4	10/7/2024	MMH/MH/REDH202422027	CARD	Collected Amount	30,915.00