IN PATIENT SUMMARY BILL

UHID : MMH202482445 Bill No : MMH/MH/IP202402173

IP No : IP2024002250 Bill Date : 10/10/2024

Patient name : Mr.KARTIK KRISHNA DOA : 9/10/2024 12:58PM

Age : 38 Y 0 M 17 D/Male DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RENGAN R.S

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	4,200.00
3	DUTY MEDICAL OFFICER CHARGE		₹	750.00
4	INJECTION CHARGES		₹	200.00
5	LABORATORY		₹	144.00
6	NURSING CHARGE		₹	800.00
7	OPERATION THEATRE CHARGES		₹	5,100.00
8	PROFESSIONAL TEAM FEES		₹	40,000.00
		Gross Amount	₹	51,544.00
		Net Payable	₹	51,544.00
		Advance Amount	₹	42,000.00
		Received Amount	₹	9,544.00

Received Amount in Words : Fifty-One Thousand Five Hundred Forty-Four Only SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/9/2024	MMH/MH/RECH202403967	UPI	Advance Amount	10,000.00
2	10/9/2024	MMH/MH/RECH202403973	UPI	Advance Amount	15,000.00
3	10/10/2024	MMH/MH/RECH202403994	UPI	Advance Amount	17,000.00
4	10/10/2024	MMH/MH/REDH202422299	UPI	Collected Amount	9,544.00