

IN PATIENT SUMMARY BILL

UHID : MMH202482485

IP No : IP2024002261

Patient name : Master.JASHWIN VAIRAV

Age : 8 Y 10 M 25 D/Male

Consultant Name : Dr.VIGNESHWARAN P

Bill No : MMH/MH/IP202402196

Bill Date : 12/10/2024

DOA : 11/10/2024 7:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 1,200.00
7	OPERATION THEATRE CHARGES	₹ 18,650.00
8	PROFESSIONAL TEAM FEES	₹ 27,000.00
9	RADIOLOGY	₹ 720.00
Gross Amount		₹ 55,689.00
Net Payable		₹ 55,689.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 25,689.00

Received Amount in Words : Fifty-Five Thousand Six Hundred Eighty-Nine Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/11/2024	MMH/MH/RECH202404002	CARD	Advance Amount	30,000.00
2	10/12/2024	MMH/MH/REDH202422455	CARD	Collected Amount	25,689.00