

IN PATIENT SUMMARY BILL

UHID : MHV202404186 Bill No : MMH/VM/IPV202400728
IP No : IPV2024000729 Bill Date : 23/08/2024
Patient name : B/O.VIDHIYA DOA : 21/8/2024 9:00PM
Age : 0 Y 0 M 2 D/Male DOD :
Entity Type : CASH
Entity Name : CASH
Consultant Name : Dr.(MAJOR) SATHISH KUMAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,500.00
3	CASUALTY	₹ 750.00
4	EQUIPMENT	₹ 5,100.00
5	INJECTION CHARGES	₹ 350.00
6	INTENSIVIST CHARGES	₹ 1,500.00
7	LABORATORY	₹ 4,188.00
8	NURSING CHARGE	₹ 500.00
9	PROFESSIONAL TEAM FEES	₹ 1,850.00
10	RADIOLOGY	₹ 2,160.00
	Gross Amount	₹ 20,148.00
	Discount Amount	₹ 10,098.00
	Net Payable	₹ 10,050.00
	Advance Amount	₹ 10,050.00
	Received Amount	₹ 0.00

Received Amount in Words : Ten Thousand Fifty Only

GANESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/21/2024	MMH/VM/RECAP202400910	UPI	Advance Amount	10,050.00