

IN PATIENT SUMMARY BILL

UHID : MH30771

IP No : IP2024001719

Patient name : Mr.RAJENDRAN H

Age : 71/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401690

Bill Date : 06/08/2024

DOA : 31/7/2024 1:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 25,025.00
3	DIET CHARGES	₹ 4,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,875.00
5	EQUIPMENT	₹ 2,000.00
6	LABORATORY	₹ 42,775.00
7	NURSING CHARGE	₹ 5,200.00
8	PROFESSIONAL TEAM FEES	₹ 31,000.00
9	RADIOLOGY	₹ 18,320.00
Gross Amount		₹ 133,545.00
Net Payable		₹ 133,545.00
Advance Amount		₹ 93,000.00
Received Amount		₹ 40,545.00

Received Amount in Words : One Lakh Thirty-Three Thousand Five Hundred
Forty-Five Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/31/2024	MMH/MH/RECH202402925	UPI	Advance Amount	10,000.00
2	8/5/2024	MMH/MH/RECH202403006	CASH	Advance Amount	50,000.00
3	8/6/2024	MMH/MH/RECH202403026	CARD	Advance Amount	33,000.00
4	8/6/2024	MMH/MH/REDH202417157	CARD	Collected Amount	40,545.00