

IN PATIENT SUMMARY BILL

UHID : MH31901
IP No : IP2023002834
Patient name : Mr.DEENADAYALAN M
Age : 55/Male

Bill No : MMH/MH/IP00254
Bill Date : 29/12/2023
DOA : 29/12/2023 10:57AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 350.00
4	NURSING CHARGE	₹ 375.00
5	PROFESSIONAL FEES	₹ 3,500.00
Gross Amount		₹ 5,125.00
Net Payable		₹ 5,125.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 125.00

Received Amount in Words : Five Thousand One Hundred Twenty-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00531	CASH	Advance Amount	5,000.00
2	29/12/2023	MMH/MH/REDH02710	UPI	Collected Amount	125.00