

IN PATIENT SUMMARY BILL

UHID : MH31901

IP No : IP2024000393

Patient name : Mr.DEENADAYALAN M

Age : 58 Y 7 M 30 D/Male

Consultant Name : Dr.ARUN RAMANAN

Bill No : MMH/MH/IP202400384

Bill Date : 20/02/2024

DOA : 20/2/2024 12:02PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 1,375.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 375.00 |
| 4 | NURSING CHARGE | ₹ 400.00 |
| 5 | PROFESSIONAL FEES | ₹ 3,500.00 |
| Gross Amount | | ₹ 6,000.00 |
| Net Payable | | ₹ 6,000.00 |
| Advance Amount | | ₹ 5,000.00 |
| Received Amount | | ₹ 1,000.00 |

Received Amount in Words : Six Thousand Only

DINESH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 20/02/2024 | MMH/MH/RECH2024006 | CASH | Advance Amount | 5,000.00 |
| 2 | 20/02/2024 | MMH/MH/REDH2024037 | CARD | Collected Amount | 1,000.00 |