

IN PATIENT SUMMARY BILL

UHID : MH31901

IP No : IP2024001010

Patient name : Mr.DEENADAYALAN M

Age : 58 Y 10 M 11 D/Male

Bill No : MMH/MH/IP202400946

Bill Date : 02/05/2024

DOA : 2/5/2024 12:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PROFESSIONAL TEAM FEES	₹ 3,500.00
Gross Amount		₹ 6,550.00
Net Payable		₹ 6,550.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,550.00

Received Amount in Words : Six Thousand Five Hundred Fifty Only

SRINIVASAN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/05/2024	MMH/MH/RECH20240160	CASH	Advance Amount	5,000.00
2	02/05/2024	MMH/MH/REDH20240920	CASH	Collected Amount	1,550.00