

IN PATIENT SUMMARY BILL

UHID : MHI202373813

IP No : IP2024002222

Patient name : Mr.DURGA P

Age : 54 Y 0 M 0 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402147

Bill Date : 06/10/2024

DOA : 6/10/2024 7:14AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,750.00
3	DIET CHARGES	₹ 500.00
4	EQUIPMENT	₹ 2,000.00
5	INTENSIVIST CHARGES	₹ 1,500.00
6	LABORATORY	₹ 7,251.00
7	NURSING CHARGE	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 2,000.00
9	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 20,351.00
Net Payable		₹ 20,351.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 19,649.00

Received Amount in Words : Forty Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/6/2024	MMH/MH/RECH202403922	UPI	Advance Amount	10,000.00
2	10/6/2024	MMH/MH/RECH202403923	CARD	Advance Amount	30,000.00