

IN PATIENT SUMMARY BILL

UHID : MMH202370766

IP No : IP2024001876

Patient name : Mr.LOKESHWARAN R

Age : 26 Y 2 M 29 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401800

Bill Date : 22/08/2024

DOA : 21/8/2024 2:51PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 750.00
6	LABORATORY	₹ 6,974.00
7	NURSING CHARGE	₹ 800.00
8	PROFESSIONAL TEAM FEES	₹ 3,500.00
9	RADIOLOGY	₹ 440.00
Gross Amount		₹ 16,814.00
Net Payable		₹ 16,814.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 11,814.00

Received Amount in Words : Sixteen Thousand Eight Hundred Fourteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/21/2024	MMH/MH/RECH202403230	UPI	Advance Amount	5,000.00
2	8/22/2024	MMH/MH/REDH202418327	UPI	Collected Amount	11,814.00