

IN PATIENT SUMMARY BILL

UHID	: MHI202380849	Bill No	: MMH/MH/IP00050
IP No	: IP2023002611	Bill Date	: 02/12/2023
Patient name	: Mr.RAVICHANDRAN	DOA	: 28/11/2023 6:30PM
Age	: 58 Y 1 M 29 D/Male	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.T.PALANIAPPAN		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	NURSING CHARGE	₹ 3,000.00
5	PHYSIOTHERAPY	₹ 2,000.00
6	PROFESSIONAL TEAM FEES	₹ 6,000.00
Gross Amount		₹ 18,550.00
Net Payable		₹ 18,550.00
Advance Amount		₹ 18,550.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand Five Hundred Fifty Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 20:33:51.796	MMH/MH/RECH00123	NEFT	Advance Amount	10,000.00
2	2023-12-02 11:35:57.246	MMH/MH/RECH00161	NEFT	Advance Amount	8,550.00