

IN PATIENT SUMMARY BILL

UHID : MMH202371196

IP No : IP2024002190

Patient name : Mr.RAJA GOWTHAMAN

Age : 62 Y 3 M 20 D/Male

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202402137

Bill Date : 05/10/2024

DOA : 1/10/2024 2:32PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,800.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 18,756.00
6	NURSING CHARGE	₹ 3,200.00
7	PROFESSIONAL TEAM FEES	₹ 12,000.00
8	RADIOLOGY	₹ 600.00
Gross Amount		₹ 59,706.00
Net Payable		₹ 59,706.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 9,706.00

Received Amount in Words : Fifty-Nine Thousand Seven Hundred Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/REDH202421928	CHEQUE	Collected Amount	1,402.00
2	10/2/2024	MMH/MH/RECH202403872	UPI	Advance Amount	30,000.00
3	10/4/2024	MMH/MH/RECH202403903	CARD	Advance Amount	10,000.00
4	10/5/2024	MMH/MH/REDH202421929	CARD	Collected Amount	8,304.00
5	10/1/2024	MMH/MH/RECH202403863	CASH	Advance Amount	10,000.00