

IN PATIENT SUMMARY BILL

UHID : MMH202371828
IP No : IP2023002689
Patient name : Mr.ANANDAN NATARAJAN
Age : 46 Y 8 M 24 D/Male

Bill No : MMH/MH/IP00133
Bill Date : 13/12/2023
DOA : 10/12/2023 4:32PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 7,676.00
5	NURSING CHARGE	₹ 2,250.00
6	PROFESSIONAL TEAM FEES	₹ 10,000.00
7	RADIOLOGY	₹ 9,650.00
Gross Amount		₹ 35,326.00
Net Payable		₹ 35,326.00
Advance Amount		₹ 35,326.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Five Thousand Three Hundred
Twenty-Six Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-10 17:10:14.163	MMH/MH/RECH00258	UPI	Advance Amount	5,000.00
2	2023-12-11 12:06:36.663	MMH/MH/RECH00269	UPI	Advance Amount	10,000.00
3	2023-12-13 19:11:03.673	MMH/MH/RECH00315	CHEQUE	Advance Amount	1,172.00
4	2023-12-13 19:11:03.680	MMH/MH/RECH00316	UPI	Advance Amount	19,154.00