

IN PATIENT SUMMARY BILL

UHID : MMH202371849
IP No : IP2023002695
Patient name : Mr.HARISH R
Age : 26 Y 0 M 24 D/Male

Bill No : MMH/MH/IP00129
Bill Date : 13/12/2023
DOA : 11/12/2023 11:19AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 1,000.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 6,752.00
7	NURSING CHARGE	₹ 2,750.00
8	PROFESSIONAL TEAM FEES	₹ 8,500.00
9	RADIOLOGY	₹ 21,373.00
Gross Amount		₹ 54,675.00
Net Payable		₹ 54,675.00
Advance Amount		₹ 54,675.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty-Four Thousand Six Hundred Seventy-Five
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-11 11:23:44.683	MMH/MH/RECH00264	CARD	Advance Amount	25,000.00
2	2023-12-12 13:27:21.420	MMH/MH/RECH00292	CARD	Advance Amount	10,000.00
3	2023-12-13 12:10:13.726	MMH/MH/RECH00306	UPI	Advance Amount	1,000.00
4	2023-12-13 12:10:13.736	MMH/MH/RECH00307	CARD	Advance Amount	16,743.00
5	2023-12-13 12:10:13.743	MMH/MH/RECH00308	CHEQUE	Advance Amount	1,932.00