

IN PATIENT SUMMARY BILL

UHID : MMH202371865

IP No : IP2024001466

Patient name : Mr.MANICKAVASAGAM N

Age : 44 Y 5 M 18 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401427

Bill Date : 02/07/2024

DOA : 30/6/2024 10:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIALYSIS / DIALYZER	₹ 2,600.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	LABORATORY	₹ 5,219.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 5,500.00
9	RADIOLOGY	₹ 925.00
Gross Amount		₹ 20,894.00
Net Payable		₹ 20,894.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 15,894.00

Received Amount in Words : Twenty Thousand Eight Hundred Ninety-Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402439	UPI	Advance Amount	5,000.00
2	7/2/2024	MMH/MH/REDH202414256	UPI	Collected Amount	15,894.00