

IN PATIENT SUMMARY BILL

UHID : MMH202372043
IP No : IP2023002735
Patient name : Mr.ELUMALAI
Age : 72 Y 0 M 16 D/Male

Bill No : MMH/MH/IP00179
Bill Date : 19/12/2023
DOA : 15/12/2023 10:04PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SUBRAMANIAM.S(ORTHO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DIET CHARGES	₹ 100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
5	INVESTIGATIONS	₹ 400.00
6	LABORATORY	₹ 3,560.00
7	NURSING CHARGE	₹ 3,000.00
8	PHYSIOTHERAPY	₹ 1,000.00
9	PROFESSIONAL TEAM FEES	₹ 12,000.00
10	RADIOLOGY	₹ 2,275.00

Gross Amount ₹ **29,885.00**

Net Payable ₹ **29,885.00**

Advance Amount ₹ **15,000.00**

Received Amount ₹ **14,885.00**

Received Amount in Words : Twenty-Nine Thousand Eight Hundred
Eighty-Five Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/12/2023	MMH/MH/RECH00353	CARD	Advance Amount	15,000.00
2	19/12/2023	MMH/MH/REDH01950	CARD	Collected Amount	14,885.00