

IN PATIENT SUMMARY BILL

UHID : MMH202372222
IP No : IP2023002853
Patient name : Mr.AJAY SHANMUGA PRIYAN R
Age : 31 Y 4 M 22 D/Male

Bill No : MMH/MH/IP00273
Bill Date : 31/12/2023
DOA : 30/12/2023 5:12PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ARUNKUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 0.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 0.00
4	GENERAL PROCEDURE	₹ 450.00
5	LABORATORY	₹ 2,544.00
6	NURSING CHARGE	₹ 750.00
7	PROFESSIONAL FEES	₹ 2,000.00
Gross Amount		₹ 6,094.00
Net Payable		₹ 6,094.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,094.00

Received Amount in Words : Six Thousand Ninety-Four Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00563	CASH	Advance Amount	5,000.00
2	31/12/2023	MMH/MH/REDH02840	CASH	Collected Amount	1,094.00