

IN PATIENT SUMMARY BILL

UHID : MMH202372391

IP No : IP2024001498

Patient name : Mr.DURAI RAJ S

Age : 60 Y 6 M 29 D/Male

Bill No : MMH/MH/IP202401565

Bill Date : 22/07/2024

DOA : 5/7/2024 10:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 2,993.00
5	NURSING CHARGE	₹ 2,400.00
6	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 14,293.00
Net Payable		₹ 14,293.00
Advance Amount		₹ 14,293.00
Received Amount		₹ 0.00

Received Amount in Words : Fourteen Thousand Two Hundred Ninety-Three Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402511	CASH	Advance Amount	5,000.00
2	7/22/2024	MMH/MH/RECH202402782	CASH	Advance Amount	9,293.00