

IN PATIENT SUMMARY BILL

UHID : MMH202372391

IP No : IP2024000887

Patient name : Mr.DURAI RAJ S

Age : 60 Y 3 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400841

Bill Date : 18/04/2024

DOA : 16/4/2024 11:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 1,450.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 8,100.00
Net Payable		₹ 8,100.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,100.00

Received Amount in Words : Eight Thousand One Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/MH/RECH20240131	CASH	Advance Amount	5,000.00
2	18/04/2024	MMH/MH/REDH20240811	CASH	Collected Amount	3,100.00