IN PATIENT SUMMARY BILL

: MMH/MH/IP202400008 UHID : MMH202372642 Bill No

: IP2023002837 : 02/01/2024 IP No Bill Date

: Mrs.MANJU R DOA 29/12/2023 12:34PM Patient name

: 39 Y 10 M 29 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	11,000.00
3	DIET CHARGES		₹	200.00
4	DUTY MEDICAL OFFICER CHARGE		₹	2,800.00
5	LABORATORY		₹	10,274.00
6	NURSING CHARGE		₹	3,000.00
7	PROFESSIONAL TEAM FEES		₹	8,000.00
8	RADIOLOGY		₹	2,550.00
		Gross Amount	₹	38,174.00
		Net Payable	₹	38,174.00

Advance Amount 10,000.00 ₹ **Received Amount** 28,174.00

Received Amount in Words Thirty-Eight Thousand One Hundred DINESH Seventy-Four Only

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00533	UPI	Advance Amount	10,000.00
2	02/01/2024	MMH/MH/REDH2024000	CHEQUE	Collected Amount	1,246.00
3	02/01/2024	MMH/MH/REDH2024001	UPI	Collected Amount	26,928.00