

IN PATIENT SUMMARY BILL

UHID : MH43147
IP No : IP2023002854
Patient name : Ms.ANUSUAYA V
Age : 65/Female

Bill No : MMH/MH/IP202400001
Bill Date : 01/01/2024
DOA : 30/12/2023 5:30PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr. CM Thiagarajan

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIALYSIS / DIALYZER	₹ 3,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
6	LABORATORY	₹ 882.00
7	NURSING CHARGE	₹ 1,500.00
8	PROFESSIONAL FEES	₹ 1,000.00
Gross Amount		₹ 10,832.00
Net Payable		₹ 10,832.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 5,832.00

Received Amount in Words : Ten Thousand Eight Hundred Thirty-Two Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00567	CASH	Advance Amount	5,000.00
2	01/01/2024	MMH/MH/REDH2024000	CASH	Collected Amount	5,832.00