

IN PATIENT SUMMARY BILL

UHID : MMH202472709

IP No : IP2024000042

Patient name : Mr.SHAIK MUJEEB REHAMAN

Age : 51 Y 6 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400041

Bill Date : 06/01/2024

DOA : 5/1/2024 2:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
5	EQUIPMENT	₹ 2,000.00
6	LABORATORY	₹ 2,460.00
7	NURSING CHARGE	₹ 750.00
8	PROFESSIONAL FEES	₹ 1,500.00
9	RADIOLOGY	₹ 900.00
Gross Amount		₹ 13,360.00
Net Payable		₹ 13,360.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 3,360.00

Received Amount in Words : Thirteen Thousand Three Hundred Sixty Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240004	CASH	Advance Amount	10,000.00
2	06/01/2024	MMH/MH/REDH20240041	CASH	Collected Amount	3,360.00