

IN PATIENT SUMMARY BILL

UHID : MMH202472743

IP No : IP2024000027

Patient name : Mr.ABUTHAYAR M

Age : 44 Y 7 M 17 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400033

Bill Date : 05/01/2024

DOA : 4/1/2024 1:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 9,536.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL TEAM FEES	₹ 7,000.00
7	RADIOLOGY	₹ 400.00
Gross Amount		₹ 19,836.00
Net Payable		₹ 19,836.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 14,836.00

Received Amount in Words : Nineteen Thousand Eight Hundred Thirty-Six Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MH/RECH2024000	CASH	Advance Amount	5,000.00
2	05/01/2024	MMH/MH/REDH2024003	UPI	Collected Amount	14,836.00