

IN PATIENT SUMMARY BILL

UHID : MMH202472821

IP No : IP2024001562

Patient name : Master.NAWAZ

Age : 10 Y 0 M 20 D/Male

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401481

Bill Date : 12/07/2024

DOA : 11/7/2024 5:47PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DIET CHARGES	₹ 1,150.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	EQUIPMENT	₹ 450.00
6	LABORATORY	₹ 8,286.00
7	NURSING CHARGE	₹ 1,200.00
8	PROFESSIONAL TEAM FEES	₹ 4,000.00
Gross Amount		₹ 18,211.00
Net Payable		₹ 18,211.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 13,211.00

Received Amount in Words : Eighteen Thousand Two Hundred Eleven Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MH/RECH202402597	CASH	Advance Amount	5,000.00
2	7/12/2024	MMH/MH/REDH202415192	CHEQUE	Collected Amount	1,538.00
3	7/12/2024	MMH/MH/REDH202415193	CASH	Collected Amount	11,673.00