

IN PATIENT SUMMARY BILL

UHID : MMH202472875

IP No : IP2024000075

Patient name : Mr.MADAN VIJAYARAGHAVAN

Age : 18 Y 1 M 17 D/Male

Consultant Name : Dr.MANIAN

Bill No : MMH/MH/IP202400080

Bill Date : 10/01/2024

DOA : 9/1/2024 9:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 5,892.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL FEES	₹ 1,500.00
7	RADIOLOGY	₹ 2,600.00
Gross Amount		₹ 16,742.00
Net Payable		₹ 16,742.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 11,742.00

Received Amount in Words : Sixteen Thousand Seven Hundred Forty-Two Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/01/2024	MMH/MH/RECH2024001:	CARD	Advance Amount	5,000.00
2	10/01/2024	MMH/MH/REDH2024007:	CARD	Collected Amount	11,742.00