

IN PATIENT SUMMARY BILL

UHID : MMH202473157

IP No : IP2024000157

Patient name : Mr.BALAJI M

Age : 19 Y 6 M 20 D/Male

Bill No : MMH/MH/IP202400163

Bill Date : 23/01/2024

DOA : 21/1/2024 7:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 15,874.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 10,000.00
8	RADIOLOGY	₹ 2,525.00
Gross Amount		₹ 34,549.00
Net Payable		₹ 34,549.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 24,549.00

Received Amount in Words : Thirty-Four Thousand Five Hundred  
Forty-Nine Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/01/2024	MMH/MH/RECH2024002	UPI	Advance Amount	10,000.00
2	23/01/2024	MMH/MH/REDH2024016	CHEQUE	Collected Amount	1,042.00
3	23/01/2024	MMH/MH/REDH2024016	UPI	Collected Amount	20,000.00
4	23/01/2024	MMH/MH/REDH2024016	CASH	Collected Amount	3,507.00