

IN PATIENT SUMMARY BILL

UHID : MMH202473062

IP No : IP2024000120

Patient name : Mr.AAKASH RAJ S

Age : 18 Y 10 M 7 D/Male

Bill No : MMH/MH/IP202400153

Bill Date : 22/01/2024

DOA : 17/1/2024 10:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.LAKSHAN RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 20,650.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	LABORATORY	₹ 864.00
6	NURSING CHARGE	₹ 3,750.00
7	PHARMACY CHARGE	₹ 6,823.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
Gross Amount		₹ 42,687.00
Net Payable		₹ 42,687.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 37,687.00

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

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/01/2024	MMH/MH/RECH20240015	CARD	Advance Amount	5,000.00
2	22/01/2024	MMH/MH/REDH2024015	CARD	Collected Amount	37,687.00