

IN PATIENT SUMMARY BILL

UHID : MMH202473738

IP No : IP2024001260

Patient name : Mr.SATHISH

Age : 28 Y 3 M 25 D/Male

Consultant Name : Dr.VIGNESH .M

Bill No : MMH/MH/IP202401198

Bill Date : 05/06/2024

DOA : 4/6/2024 11:39AM

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	₹ 750.00
4	LABORATORY	₹ 3,308.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
7	RADIOLOGY	₹ 6,925.00
Gross Amount		₹ 15,233.00
Net Payable		₹ 15,233.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 10,233.00

Received Amount in Words : Fifteen Thousand Two Hundred Thirty-Three Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/06/2024	MMH/MH/RECH2024020:	CARD	Advance Amount	5,000.00
2	05/06/2024	MMH/MH/REDH2024120:	CASH	Collected Amount	10,233.00