

IN PATIENT SUMMARY BILL

UHID : MMH202473786

IP No : IP2024000346

Patient name : Mr.RAGAVAN T V

Age : 79 Y 7 M 14 D/Male

Bill No : MMH/MH/IP202400350

Bill Date : 15/02/2024

DOA : 13/2/2024 9:23AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 3,644.00
6	NURSING CHARGE	₹ 2,000.00
7	PROFESSIONAL TEAM FEES	₹ 5,500.00
Gross Amount		₹ 16,619.00
Net Payable		₹ 16,619.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 11,619.00

Received Amount in Words : Sixteen Thousand Six Hundred Nineteen Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/MH/RECH20240051	UPI	Advance Amount	5,000.00
2	15/02/2024	MMH/MH/REDH20240341	UPI	Collected Amount	11,619.00