

IN PATIENT SUMMARY BILL

UHID : MMH202473787

IP No : IP2024001374

Patient name : Mr.NARAYANAN N

Age : 82 Y 4 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401321

Bill Date : 21/06/2024

DOA : 19/6/2024 12:43PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 1,200.00
6	LABORATORY	₹ 5,094.00
7	NURSING CHARGE	₹ 2,000.00
8	PROFESSIONAL TEAM FEES	₹ 14,000.00
9	RADIOLOGY	₹ 21,500.00
Gross Amount		₹ 59,894.00
Net Payable		₹ 59,894.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 54,894.00

Received Amount in Words : Fifty-Nine Thousand Eight Hundred Ninety-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/19/2024	MMH/MH/RECH202402257	CARD	Advance Amount	5,000.00
2	6/21/2024	MMH/MH/REDH202413348	CARD	Collected Amount	54,894.00