

IN PATIENT SUMMARY BILL

UHID : MMH202473787

IP No : IP2024001589

Patient name : Mr.NARAYANAN N

Age : 82 Y 5 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401514

Bill Date : 16/07/2024

DOA : 15/7/2024 1:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 600.00
5	LABORATORY	₹ 2,160.00
6	NURSING CHARGE	₹ 1,200.00
7	PROFESSIONAL TEAM FEES	₹ 8,000.00
Gross Amount		₹ 19,735.00
Net Payable		₹ 19,735.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 14,735.00

Received Amount in Words : Nineteen Thousand Seven Hundred Thirty-Five Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/15/2024	MMH/MH/RECH202402658	CASH	Advance Amount	5,000.00
2	7/16/2024	MMH/MH/REDH202415504	CARD	Collected Amount	14,735.00