

IN PATIENT SUMMARY BILL

UHID : MMH202473964

IP No : IP2024000395

Patient name : Mr.GANGADHARAN

Age : 31 Y 9 M 8 D/Male

Bill No : MMH/MH/IP202400424

Bill Date : 25/02/2024

DOA : 20/2/2024 6:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	LABORATORY	₹ 7,008.00
5	NURSING CHARGE	₹ 4,000.00
6	PROFESSIONAL TEAM FEES	₹ 14,000.00
7	RADIOLOGY	₹ 6,400.00
Gross Amount		₹ 49,258.00
Net Payable		₹ 49,258.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 24,258.00

Received Amount in Words : Forty-Nine Thousand Two Hundred Fifty-Eight Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	25,000.00
2	25/02/2024	MMH/MH/REDH2024041	CARD	Collected Amount	24,258.00