

IN PATIENT SUMMARY BILL

UHID : MMH202474065

IP No : IP2024000439

Patient name : Mr.NAGESH

Age : 48 Y 0 M 5 D/Male

Consultant Name : Dr.ANANTH.V

Bill No : MMH/MH/IP202400461

Bill Date : 29/02/2024

DOA : 26/2/2024 10:49AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	GENERAL PROCEDURE	₹ 2,000.00
5	LABORATORY	₹ 3,087.00
6	NURSING CHARGE	₹ 2,800.00
7	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 21,712.00
Net Payable		₹ 21,712.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 11,712.00

Received Amount in Words : Twenty-One Thousand Seven Hundred Twelve Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/02/2024	MMH/MH/RECH2024007	CARD	Advance Amount	10,000.00
2	29/02/2024	MMH/MH/REDH2024044	CARD	Collected Amount	11,712.00