

IN PATIENT SUMMARY BILL

UHID : MMH202474611

IP No : IP2024000731

Patient name : Mr.ELUMALAI C

Age : 54 Y 0 M 19 D/Male

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202400692

Bill Date : 31/03/2024

DOA : 28/3/2024 5:53PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 1,836.00
5	NURSING CHARGE	₹ 2,400.00
6	PROFESSIONAL TEAM FEES	₹ 12,500.00
Gross Amount		₹ 22,636.00
Net Payable		₹ 22,636.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 7,636.00

Received Amount in Words : Twenty-Two Thousand Six Hundred Thirty-Six Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/03/2024	MMH/MH/RECH2024011	CARD	Advance Amount	15,000.00
2	31/03/2024	MMH/MH/REDH2024068	CARD	Collected Amount	7,636.00