

IN PATIENT SUMMARY BILL

UHID : MHP202400607

IP No : IP2024001817

Patient name : Mr.S.MICHAEL JONAS

Age : 58 Y 4 M 5 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/MH/IP202401810

Bill Date : 23/08/2024

DOA : 14/8/2024 7:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 600.00
6	LABORATORY	₹ 924.00
7	NURSING CHARGE	₹ 1,600.00
8	OTHER ADDITION	₹ 156.00
9	PHARMACY CHARGE	₹ 83,488.00
10	PROFESSIONAL TEAM FEES	₹ 4,400.00
Gross Amount		₹ 102,418.00
Net Payable		₹ 102,418.00
Advance Amount		₹ 99,309.00
Received Amount		₹ 3,109.00

Received Amount in Words : One Lakh Two Thousand Four Hundred Eighteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/REDH202418423	CHEQUE	Collected Amount	3,109.00
2	8/14/2024	MMH/MH/RECH202403137	CARD	Advance Amount	3,000.00
3	8/17/2024	MMH/MH/RECH202403172	CARD	Advance Amount	29,809.00
4	8/17/2024	MMH/MH/RECH202403173	CARD	Advance Amount	66,500.00