

IN PATIENT SUMMARY BILL

UHID : MMH202475169

IP No : IP2024000679

Patient name : Mr.SATHYAMURTHY M

Age : 43 Y 9 M 27 D/Male

Consultant Name : Dr.ANANTH.V

Bill No : MMH/MH/IP202400649

Bill Date : 27/03/2024

DOA : 23/3/2024 10:13PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 20,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 2,000.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 6,039.00
7	NURSING CHARGE	₹ 5,600.00
8	PHYSIOTHERAPY	₹ 1,400.00
9	PROFESSIONAL FEES	₹ 10,000.00
10	RADIOLOGY	₹ 6,800.00

Gross Amount₹ 60,189.00

Net Payable₹ 60,189.00

Advance Amount₹ 20,000.00

Received Amount₹ 40,189.00

Received Amount in Words : Sixty Thousand One Hundred Eighty-Nine Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	20,000.00
2	27/03/2024	MMH/MH/REDH2024065	CHEQUE	Collected Amount	1,049.00
3	27/03/2024	MMH/MH/REDH2024065	CASH	Collected Amount	23,000.00
4	27/03/2024	MMH/MH/REDH2024065	CARD	Collected Amount	16,140.00