

IN PATIENT SUMMARY BILL

UHID : MMH202475177

IP No : IP2024000685

Patient name : Mr.PRASANNA SURENDRAN

Age : 39 Y 5 M 6 D/Male

Consultant Name : Dr.AYYAPPAN.M.K

Bill No : MMH/MH/IP202400643

Bill Date : 27/03/2024

DOA : 24/3/2024 6:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 12,230.00
5	NURSING CHARGE	₹ 2,400.00
6	PROFESSIONAL TEAM FEES	₹ 10,500.00
7	RADIOLOGY	₹ 4,500.00
Gross Amount		₹ 44,830.00
Net Payable		₹ 44,830.00
Advance Amount		₹ 28,000.00
Received Amount		₹ 16,830.00

Received Amount in Words : Forty-Four Thousand Eight Hundred Thirty Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/03/2024	MMH/MH/RECH2024010	UPI	Advance Amount	3,000.00
2	26/03/2024	MMH/MH/RECH2024010	CARD	Advance Amount	25,000.00
3	27/03/2024	MMH/MH/REDH2024065	CARD	Collected Amount	16,830.00