

IN PATIENT SUMMARY BILL

UHID : MMH202475465

IP No : IPH2024000804

Patient name : Mr.GAJENDRAN S

Age : 76 Y 0 M 1 D/Male

Consultant Name : Dr.RAJESH.V

Bill No : MMH/HM/IPH202400783

Bill Date : 04/04/2024

DOA : 3/4/2024 7:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 4,584.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 800.00
9	OP REGISTRATION	₹ 150.00
10	PROFESSIONAL TEAM FEES	₹ 5,000.00
11	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 19,884.00
Net Payable		₹ 19,884.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 10,116.00

Received Amount in Words : Thirty Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	30,000.00