

IN PATIENT SUMMARY BILL

UHID : MHE202400299

IP No : IPE2024000023

Patient name : Mr.JAN BASHEER A.D

Age : 54/Male

Bill No : MMH/MV/IPE202400018

Bill Date : 14/04/2024

DOA : 13/4/2024 12:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.PARTHIBAN DURAISAMY

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 6,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,700.00
4	EQUIPMENT	₹ 5,400.00
5	GENERAL PROCEDURE	₹ 2,100.00
6	LABORATORY	₹ 5,862.00
7	NURSING CHARGE	₹ 1,350.00
8	OTHER ADDITION	₹ 3,000.00
9	PROCEDURE	₹ 3,000.00
10	PROFESSIONAL TEAM FEES	₹ 4,900.00
11	RADIOLOGY	₹ 2,890.00
Gross Amount		₹ 36,402.00
Net Payable		₹ 36,402.00
Advance Amount		₹ 5,500.00
Received Amount		₹ 30,902.00

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

ELAKKIYA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MV/RECAP2024000	CASH	Advance Amount	2,000.00
2	13/04/2024	MMH/MV/RECAP2024000	UPI	Advance Amount	3,500.00
3	14/04/2024	MMH/MV/RECBD2024000	CASH	Collected Amount	10,000.00
4	14/04/2024	MMH/MV/RECBD2024000	UPI	Collected Amount	20,902.00