

IN PATIENT SUMMARY BILL

UHID : MMH202475677

IP No : IP2024000851

Patient name : Mr.KHASHIF AHMED

Age : 15 Y 10 M 5 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400806

Bill Date : 13/04/2024

DOA : 11/4/2024 12:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,000.00
3	DIET CHARGES	₹ 1,500.00
4	EQUIPMENT	₹ 2,000.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 6,526.00
7	NURSING CHARGE	₹ 4,000.00
8	PROFESSIONAL TEAM FEES	₹ 5,000.00
9	RADIOLOGY	₹ 22,150.00
Gross Amount		₹ 62,526.00
Net Payable		₹ 62,526.00
Advance Amount		₹ 62,526.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Two Thousand Five Hundred Twenty-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/04/2024	MMH/MH/RECH2024013	CASH	Advance Amount	30,000.00
2	13/04/2024	MMH/MH/RECH2024013	CHEQUE	Advance Amount	1,328.00
3	13/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	31,198.00