

IN PATIENT SUMMARY BILL

UHID : MMH202475690

IP No : IP2024000859

Patient name : Mr.ARIVAZHZGAN K

Age : 47 Y 9 M 22 D/Male

Bill No : MMH/MH/IP202400811

Bill Date : 13/04/2024

DOA : 12/4/2024 6:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 5,811.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 3,500.00
7	RADIOLOGY	₹ 8,900.00
Gross Amount		₹ 21,211.00
Net Payable		₹ 21,211.00
Advance Amount		₹ 16,542.00
Received Amount		₹ 4,669.00

Received Amount in Words : Twenty-One Thousand Two Hundred Eleven Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MH/RECH2024013	UPI	Advance Amount	15,000.00
2	13/04/2024	MMH/MH/RECH2024013	CHEQUE	Advance Amount	1,542.00
3	13/04/2024	MMH/MH/REDH2024078	UPI	Collected Amount	4,669.00