

IN PATIENT SUMMARY BILL

UHID : MHI202483459

IP No : IPH2024000923

Patient name : Mr.SATHISH

Age : 37 Y 11 M 10 D/Male

Bill No : MMH/HM/IPH202400902

Bill Date : 17/04/2024

DOA : 16/4/2024 7:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

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	IP REGISTRATION	₹ 150.00
7	LABORATORY	₹ 9,064.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 800.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 20,364.00
Net Payable		₹ 20,364.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 364.00

Received Amount in Words : Twenty Thousand Three Hundred Sixty-Four Only

PRAVEEN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	20,000.00
2	17/04/2024	MMH/HM/RECBD202407	CASH	Collected Amount	364.00