

IN PATIENT SUMMARY BILL

UHID : MMH202476340

IP No : IP2024000990

Patient name : Mr.VISHNU.M

Age : 31 Y 0 M 12 D/Male

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202400942

Bill Date : 01/05/2024

DOA : 30/4/2024 1:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 132.00
5	NURSING CHARGE	₹ 800.00
6	PHARMACY CHARGE	₹ 2,138.00
7	PHYSIOTHERAPY	₹ 600.00
8	PROFESSIONAL FEES	₹ 2,000.00
9	RADIOLOGY	₹ 21,500.00
Gross Amount		₹ 31,020.00
Net Payable		₹ 31,020.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 28,020.00

Received Amount in Words : Thirty-One Thousand Twenty Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/04/2024	MMH/MH/RECH2024015'	UPI	Advance Amount	3,000.00
2	01/05/2024	MMH/MH/REDH2024091:	CARD	Collected Amount	28,020.00