

IN PATIENT SUMMARY BILL

UHID : MMH202477385

IP No : IP2024001906

Patient name : Mr.SELVARAJ V

Age : 78 Y 0 M 12 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401850

Bill Date : 28/08/2024

DOA : 26/8/2024 2:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 1,639.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 20,000.00
7	RADIOLOGY	₹ 950.00
Gross Amount		₹ 31,539.00
Net Payable		₹ 31,539.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 26,539.00

Received Amount in Words : Thirty-One Thousand Five Hundred Thirty-Nine Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/26/2024	MMH/MH/RECH202403294	UPI	Advance Amount	5,000.00
2	8/28/2024	MMH/MH/REDH202418868	CASH	Collected Amount	26,539.00