

IN PATIENT SUMMARY BILL

UHID : MMH202477315

IP No : IP2024001201

Patient name : Mr.RAJA S

Age : 67 Y 2 M 12 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202401155

Bill Date : 29/05/2024

DOA : 28/5/2024 10:54AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,125.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 4,140.00
6	NURSING CHARGE	₹ 1,200.00
7	PROFESSIONAL TEAM FEES	₹ 4,000.00
Gross Amount		₹ 15,940.00
Net Payable		₹ 15,940.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 10,940.00

Received Amount in Words : Fifteen Thousand Nine Hundred Forty Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/05/2024	MMH/MH/RECH20240190	CASH	Advance Amount	5,000.00
2	29/05/2024	MMH/MH/REDH20241155	CHEQUE	Collected Amount	896.00
3	29/05/2024	MMH/MH/REDH20241155	UPI	Collected Amount	10,044.00