

IN PATIENT SUMMARY BILL

UHID : MMH202478020

IP No : IP2024001327

Patient name : Mr.NELSON.A

Age : 29 Y 9 M 4 D/Male

Bill No : MMH/MH/IP202401276

Bill Date : 15/06/2024

DOA : 13/6/2024 4:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 3,648.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 8,350.00
9	PROFESSIONAL TEAM FEES	₹ 23,000.00
10	RADIOLOGY	₹ 4,000.00

Gross Amount₹ 51,548.00

Net Payable₹ 51,548.00

Advance Amount₹ 25,000.00

Received Amount₹ 26,548.00

Received Amount in Words : Fifty-One Thousand Five Hundred Forty-Eight Only

KARTHICK.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/13/2024	MMH/MH/RECH202402179	CARD	Advance Amount	25,000.00
2	6/15/2024	MMH/MH/REDH202412935	CHEQUE	Collected Amount	1,673.00
3	6/15/2024	MMH/MH/REDH202412936	CARD	Collected Amount	24,875.00