

IN PATIENT SUMMARY BILL

UHID : MMH202478471

IP No : IP2024001503

Patient name : Mr.RAJAMANI V

Age : 81 Y 0 M 12 D/Male

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401449

Bill Date : 06/07/2024

DOA : 5/7/2024 1:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 5,050.00
5	LABORATORY	₹ 12,720.00
6	NURSING CHARGE	₹ 800.00
7	OP CHARGES	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 5,929.00
9	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 31,449.00
Net Payable		₹ 31,449.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 21,449.00

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

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MH/RECH202402535	CARD	Advance Amount	10,000.00
2	7/6/2024	MMH/MH/REDH202414540	CHEQUE	Collected Amount	1,449.00
3	7/6/2024	MMH/MH/REDH202414541	CARD	Collected Amount	20,000.00