

IN PATIENT SUMMARY BILL

UHID : MMH202478920

IP No : IP2024001501

Patient name : Mr.SHANMUGARAJAN G

Age : 50 Y 5 M 8 D/Male

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202401448

Bill Date : 06/07/2024

DOA : 5/7/2024 1:18PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 2,000.00
7	LABORATORY	₹ 1,012.00
8	NURSING CHARGE	₹ 800.00
9	PROFESSIONAL TEAM FEES	₹ 7,500.00
Gross Amount		₹ 17,462.00
Net Payable		₹ 17,462.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 7,462.00

Received Amount in Words : Seventeen Thousand Four Hundred Sixty-Two Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402515	UPI	Advance Amount	5,000.00
2	7/6/2024	MMH/MH/RECH202402530	UPI	Advance Amount	5,000.00
3	7/6/2024	MMH/MH/REDH202414509	CASH	Collected Amount	7,462.00