

IN PATIENT SUMMARY BILL

UHID : MMH202479133

IP No : IP2024001546

Patient name : Mr.SAMPATH S

Age : 77 Y 1 M 29 D/Male

Consultant Name : Dr.BASU MANI

Bill No : MMH/MH/IP202401489

Bill Date : 13/07/2024

DOA : 10/7/2024 1:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 6,353.00
6	NURSING CHARGE	₹ 2,400.00
7	PROFESSIONAL TEAM FEES	₹ 2,000.00
8	RADIOLOGY	₹ 8,950.00
Gross Amount		₹ 31,053.00
Net Payable		₹ 31,053.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 21,053.00

Received Amount in Words : Thirty-One Thousand Fifty-Three Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/10/2024	MMH/MH/RECH202402572	CASH	Advance Amount	10,000.00
2	7/13/2024	MMH/MH/REDH202415233	CARD	Collected Amount	21,053.00