

IN PATIENT SUMMARY BILL

UHID : MMH202479391

IP No : IP2024001603

Patient name : Master.ATHULITH SHASHANK A

Age : 12 Y 9 M 28 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401540

Bill Date : 18/07/2024

DOA : 17/7/2024 10:54AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 3,850.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 9,425.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
6	EQUIPMENT	₹ 2,000.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 8,082.00
9	NURSING CHARGE	₹ 2,400.00
10	PROFESSIONAL TEAM FEES	₹ 8,000.00
11	RADIOLOGY	₹ 19,900.00
Gross Amount		₹ 58,382.00
Net Payable		₹ 58,382.00
Advance Amount		₹ 55,000.00
Received Amount		₹ 3,382.00

Received Amount in Words : Fifty-Eight Thousand Three Hundred Eighty-Two Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/17/2024	MMH/MH/RECH202402693	CARD	Advance Amount	30,000.00
2	7/18/2024	MMH/MH/RECH202402719	CARD	Advance Amount	25,000.00
3	7/18/2024	MMH/MH/REDH202415694	CARD	Collected Amount	3,382.00