

IN PATIENT SUMMARY BILL

UHID : MMH202479463

IP No : IP2024001649

Patient name : Mr.CRUZ A S

Age : 81 Y 10 M 12 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401603

Bill Date : 26/07/2024

DOA : 22/7/2024 7:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 1,950.00
6	LABORATORY	₹ 21,864.00
7	NURSING CHARGE	₹ 3,200.00
8	PROFESSIONAL TEAM FEES	₹ 13,500.00
9	RADIOLOGY	₹ 8,100.00
Gross Amount		₹ 69,764.00
Net Payable		₹ 69,764.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 59,764.00

Received Amount in Words : Sixty-Nine Thousand Seven Hundred Sixty-Four Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/22/2024	MMH/MH/RECH202402792	CASH	Advance Amount	10,000.00
2	7/26/2024	MMH/MH/REDH202416365	CHEQUE	Collected Amount	1,557.00
3	7/26/2024	MMH/MH/REDH202416366	UPI	Collected Amount	58,000.00
4	7/26/2024	MMH/MH/REDH202416367	CASH	Collected Amount	207.00