

IN PATIENT SUMMARY BILL

UHID : MMH202479552

IP No : IP2024001629

Patient name : Mr.JEGANATHAN.J

Age : 72 Y 0 M 0 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401560

Bill Date : 20/07/2024

DOA : 20/7/2024 12:40AM

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	LABORATORY	₹ 4,788.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 1,500.00
7	RADIOLOGY	₹ 14,000.00
Gross Amount		₹ 26,038.00
Net Payable		₹ 26,038.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 16,038.00

Received Amount in Words : Twenty-Six Thousand Thirty-Eight Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/20/2024	MMH/MH/RECH202402746	CARD	Advance Amount	10,000.00
2	7/20/2024	MMH/MH/REDH202415880	CARD	Collected Amount	16,038.00