

IN PATIENT SUMMARY BILL

UHID : MMH202479624

IP No : IP2024001894

Patient name : Mr.HARICHARAN P S

Age : 20 Y 11 M 6 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401840

Bill Date : 27/08/2024

DOA : 24/8/2024 11:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,775.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 3,000.00
6	LABORATORY	₹ 35,784.00
7	NURSING CHARGE	₹ 2,800.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
9	RADIOLOGY	₹ 3,600.00
Gross Amount		₹ 77,934.00
Net Payable		₹ 77,934.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 27,934.00

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

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/27/2024	MMH/MH/REDH202418769	CHEQUE	Collected Amount	2,709.00
2	8/24/2024	MMH/MH/RECH202403266	CARD	Advance Amount	10,000.00
3	8/25/2024	MMH/MH/RECH202403283	CARD	Advance Amount	40,000.00
4	8/27/2024	MMH/MH/REDH202418770	CARD	Collected Amount	25,225.00