

IN PATIENT SUMMARY BILL

UHID : MHI202484950

IP No : IP2024001913

Patient name : Mr.SUGUMAR V

Age : 44 Y 11 M 3 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401862

Bill Date : 29/08/2024

DOA : 27/8/2024 6:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 5,500.00  |
| 3               | DIET CHARGES                | ₹ 1,000.00  |
| 4               | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00  |
| 5               | LABORATORY                  | ₹ 2,563.00  |
| 6               | NURSING CHARGE              | ₹ 1,600.00  |
| 7               | PROFESSIONAL TEAM FEES      | ₹ 11,000.00 |
| 8               | RADIOLOGY                   | ₹ 5,000.00  |
| Gross Amount    |                             | ₹ 28,513.00 |
| Net Payable     |                             | ₹ 28,513.00 |
| Advance Amount  |                             | ₹ 10,000.00 |
| Received Amount |                             | ₹ 18,513.00 |

Received Amount in Words : Twenty-Eight Thousand Five Hundred Thirteen Only

SUDHA  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code         | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1    | 8/27/2024    | MMH/MH/RECH202403311 | CASH         | Advance Amount   | 10,000.00       |
| 2    | 8/29/2024    | MMH/MH/REDH202418943 | CASH         | Collected Amount | 18,513.00       |