

IN PATIENT SUMMARY BILL

UHID : MMH202479873

IP No : IP2024001684

Patient name : Mr.RAMAKRISHNAN.V

Age : 66 Y 0 M 28 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401626

Bill Date : 29/07/2024

DOA : 27/7/2024 12:42PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 3,000.00
6	INVESTIGATIONS	₹ 2,500.00
7	LABORATORY	₹ 3,240.00
8	NURSING CHARGE	₹ 1,600.00
9	PROFESSIONAL TEAM FEES	₹ 5,000.00
10	RADIOLOGY	₹ 5,000.00

Gross Amount₹33,590.00

Net Payable₹33,590.00

Advance Amount₹5,000.00

Received Amount₹28,590.00

Received Amount in Words : Thirty-Three Thousand Five Hundred Ninety Only

SATHISH KUMAR.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/27/2024	MMH/MH/RECH202402860	CARD	Advance Amount	5,000.00
2	7/29/2024	MMH/MH/REDH202416513	CARD	Collected Amount	28,590.00