

IN PATIENT SUMMARY BILL

UHID : MMH202480305

IP No : IP2024001771

Patient name : Mr.HAJA MYDHEEN

Age : 66 Y 8 M 23 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401714

Bill Date : 09/08/2024

DOA : 7/8/2024 8:33PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,000.00
3	DIET CHARGES	₹ 1,000.00
4	EQUIPMENT	₹ 4,000.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 17,183.00
7	NURSING CHARGE	₹ 4,000.00
8	PROFESSIONAL TEAM FEES	₹ 4,000.00
9	RADIOLOGY	₹ 28,800.00
Gross Amount		₹ 80,333.00
Net Payable		₹ 80,333.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 50,333.00

Received Amount in Words : Eighty Thousand Three Hundred Thirty-Three Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/7/2024	MMH/MH/RECH202403039	CASH	Advance Amount	10,000.00
2	8/9/2024	MMH/MH/RECH202403066	CASH	Advance Amount	20,000.00
3	8/9/2024	MMH/MH/REDH202417436	CHEQUE	Collected Amount	1,089.00
4	8/9/2024	MMH/MH/REDH202417437	CASH	Collected Amount	49,200.00
5	8/9/2024	MMH/MH/REDH202417438	UPI	Collected Amount	44.00