

IN PATIENT SUMMARY BILL

UHID : MMH202480668

IP No : IP2024001850

Patient name : Mr.ELANGOVAN.M

Age : 28 Y 4 M 11 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401835

Bill Date : 26/08/2024

DOA : 19/8/2024 2:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,800.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 6,000.00
5	EQUIPMENT	₹ 8,000.00
6	LABORATORY	₹ 17,074.00
7	NURSING CHARGE	₹ 6,400.00
8	PROFESSIONAL TEAM FEES	₹ 18,500.00
9	RADIOLOGY	₹ 3,925.00
Gross Amount		₹ 70,049.00
Net Payable		₹ 70,049.00
Advance Amount		₹ 22,500.00
Received Amount		₹ 47,549.00

Received Amount in Words : Seventy Thousand Forty-Nine Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/19/2024	MMH/MH/RECH202403187	UPI	Advance Amount	10,000.00
2	8/25/2024	MMH/MH/RECH202403282	UPI	Advance Amount	12,500.00
3	8/26/2024	MMH/MH/REDH202418675	CARD	Collected Amount	47,549.00