

IN PATIENT SUMMARY BILL

UHID : MMH202480832

IP No : IP2024001898

Patient name : Mr.SIVASHANMUGAVELAN

Age : 24 Y 0 M 30 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401853

Bill Date : 28/08/2024

DOA : 24/8/2024 9:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,400.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 1,800.00
6	LABORATORY	₹ 13,104.00
7	NURSING CHARGE	₹ 3,200.00
8	PROFESSIONAL TEAM FEES	₹ 13,500.00
9	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 42,854.00
Net Payable		₹ 42,854.00
Advance Amount		₹ 35,704.00
Received Amount		₹ 7,150.00

Received Amount in Words : Forty-Two Thousand Eight Hundred Fifty-Four Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/27/2024	MMH/MH/RECH202403312	UPI	Advance Amount	17,704.00
2	8/24/2024	MMH/MH/RECH202403275	CARD	Advance Amount	3,000.00
3	8/28/2024	MMH/MH/RECH202403325	CARD	Advance Amount	15,000.00
4	8/28/2024	MMH/MH/REDH202418875	CARD	Collected Amount	7,150.00