

IN PATIENT SUMMARY BILL

UHID : MMH202480927

IP No : IP2024001925

Patient name : Mr.RITHESH

Age : 19 Y 7 M 0 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401885

Bill Date : 01/09/2024

DOA : 29/8/2024 10:08AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	EQUIPMENT	₹ 3,500.00
6	LABORATORY	₹ 10,763.00
7	NURSING CHARGE	₹ 2,800.00
8	PROFESSIONAL TEAM FEES	₹ 11,000.00
9	RADIOLOGY	₹ 4,400.00
Gross Amount		₹ 40,288.00
Net Payable		₹ 40,288.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 10,288.00

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

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/RECH202403332	UPI	Advance Amount	10,000.00
2	8/31/2024	MMH/MH/RECH202403364	UPI	Advance Amount	20,000.00
3	9/1/2024	MMH/MH/REDH202419145	CARD	Collected Amount	10,288.00