

IN PATIENT SUMMARY BILL

UHID : MMH202481011

IP No : IP2024001944

Patient name : Mr.THULASIRAM.C.R

Age : 44 Y 1 M 12 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401891

Bill Date : 02/09/2024

DOA : 1/9/2024 4:10AM

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	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 30,996.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 4,500.00
8	RADIOLOGY	₹ 14,400.00
Gross Amount		₹ 63,746.00
Net Payable		₹ 63,746.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 48,746.00

Received Amount in Words : Sixty-Three Thousand Seven Hundred Forty-Six Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/1/2024	MMH/MH/RECH202403374	CARD	Advance Amount	15,000.00
2	9/2/2024	MMH/MH/REDH202419235	CARD	Collected Amount	48,746.00