

IN PATIENT SUMMARY BILL

UHID : MMH202481224

IP No : IP2024001991

Patient name : Mr.YUVANSURYA V

Age : 23 Y 2 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401920

Bill Date : 06/09/2024

DOA : 6/9/2024 8:36PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	NURSING CHARGE	₹ 400.00
5	PHARMACY CHARGE	₹ 359.00
6	PROFESSIONAL TEAM FEES	₹ 1,500.00
7	RADIOLOGY	₹ 466.00
Gross Amount		₹ 4,000.00
Net Payable		₹ 4,000.00
Advance Amount		₹ 4,000.00
Received Amount		₹ 0.00

Received Amount in Words : Four Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/6/2024	MMH/MH/RECH202403464	UPI	Advance Amount	4,000.00