

IN PATIENT SUMMARY BILL

UHID : MMH202481382

IP No : IP2024002018

Patient name : Mr.PARTHASARATHY.K.R

Age : 67 Y 5 M 1 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202401954

Bill Date : 12/09/2024

DOA : 11/9/2024 12:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 11,659.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 11,000.00
7	RADIOLOGY	₹ 5,721.00
Gross Amount		₹ 40,230.00
Net Payable		₹ 40,230.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 25,230.00

Received Amount in Words : Forty Thousand Two Hundred Thirty Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/RECH202403521	CASH	Advance Amount	15,000.00
2	9/12/2024	MMH/MH/REDH202420057	CASH	Collected Amount	25,230.00