

IN PATIENT SUMMARY BILL

UHID : MMH202481535

IP No : IP2024002058

Patient name : Mr.HRITESH.B

Age : 22 Y 4 M 2 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402008

Bill Date : 20/09/2024

DOA : 16/9/2024 12:21PM

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	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 5,256.00
6	NURSING CHARGE	₹ 1,600.00
7	PHARMACY CHARGE	₹ 5,664.00
8	PROFESSIONAL TEAM FEES	₹ 7,500.00
9	RADIOLOGY	₹ 400.00
Gross Amount		₹ 34,170.00
Net Payable		₹ 34,170.00
Advance Amount		₹ 34,170.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Four Thousand One Hundred Seventy Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/RECH202403670	CARD	Advance Amount	34,170.00