IN PATIENT SUMMARY BILL

UHID : MMH202481575 Bill No : MMH/MH/IP202402001

IP No : IP2024002069 Bill Date : 19/09/2024

Patient name : Mr.PRABHU.G.V DOA : 17/9/2024 8:49PM

Age : 38 Y 6 M 3 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VIJAY ALAGAPPAN S

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	2,200.00
3	DIET CHARGES		₹	1,000.00
4	DUTY MEDICAL OFFICER CHARGE		₹	1,500.00
5	LABORATORY		₹	13,346.00
6	NURSING CHARGE		₹	1,600.00
7	PROFESSIONAL TEAM FEES		₹	7,500.00
8	RADIOLOGY		₹	2,925.00
		Gross Amount	₹	30,421.00
		Net Payable	₹	30,421.00
		Advance Amount	₹	10,000.00

Received Amount

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

Authorised Signature

₹

20,421.00

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/19/2024	MMH/MH/REDH202420657	UPI	Collected Amount	20,421.00
2	9/17/2024	MMH/MH/RECH202403626	CARD	Advance Amount	1,000.00
3	9/17/2024	MMH/MH/RECH202403627	CASH	Advance Amount	9,000.00