

IN PATIENT SUMMARY BILL

UHID : MMH202481637

IP No : IP2024002085

Patient name : Mr.PARTHASARATHY R

Age : 87 Y 6 M 13 D/Male

Consultant Name : Dr.RENGAN.R.S

Bill No : MMH/MH/IP202402021

Bill Date : 21/09/2024

DOA : 19/9/2024 2:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 3,707.00
5	NURSING CHARGE	₹ 1,600.00
6	PROFESSIONAL TEAM FEES	₹ 6,000.00
7	RADIOLOGY	₹ 6,400.00
Gross Amount		₹ 21,757.00
Net Payable		₹ 21,757.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 16,757.00

Received Amount in Words : Twenty-One Thousand Seven Hundred Fifty-Seven Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/19/2024	MMH/MH/RECH202403653	UPI	Advance Amount	5,000.00
2	9/21/2024	MMH/MH/REDH202420799	UPI	Collected Amount	16,757.00