

IN PATIENT SUMMARY BILL

UHID : MMH202481677

IP No : IP2024002104

Patient name : Mr.RAHUL KAMARAJ

Age : 25 Y 5 M 17 D/Male

Bill No : MMH/MH/IP202402035

Bill Date : 22/09/2024

DOA : 20/9/2024 10:45PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ELAKIYA MATHIMARAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	NURSING CHARGE	₹ 1,600.00
5	PHYSIOTHERAPY	₹ 600.00
6	PROFESSIONAL TEAM FEES	₹ 10,500.00
7	RADIOLOGY	₹ 10,000.00
Gross Amount		₹ 34,450.00
Net Payable		₹ 34,450.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 24,450.00

Received Amount in Words : Thirty-Four Thousand Four Hundred Fifty Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/RECH202403680	CARD	Advance Amount	10,000.00
2	9/22/2024	MMH/MH/REDH202420860	CARD	Collected Amount	24,450.00