

IN PATIENT SUMMARY BILL

UHID : MMH202481943

IP No : IP2024002167

Patient name : Mr.TAMILSELVAN

Age : 30 Y 0 M 4 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402118

Bill Date : 02/10/2024

DOA : 28/9/2024 9:02AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,375.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
5	LABORATORY	₹ 6,270.00
6	NURSING CHARGE	₹ 3,600.00
7	PHYSIOTHERAPY	₹ 3,000.00
8	PROFESSIONAL TEAM FEES	₹ 16,000.00
9	RADIOLOGY	₹ 8,150.00
Gross Amount		₹ 55,120.00
Net Payable		₹ 55,120.00
Advance Amount		₹ 28,000.00
Received Amount		₹ 27,120.00

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

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/28/2024	MMH/MH/RECH202403797	CARD	Advance Amount	3,000.00
2	9/30/2024	MMH/MH/RECH202403837	CARD	Advance Amount	25,000.00
3	10/2/2024	MMH/MH/REDH202421658	CARD	Collected Amount	27,120.00