

IN PATIENT SUMMARY BILL

UHID : MMH202482218

IP No : IP2024002188

Patient name : Mr.MATHIAZHAGAN R

Age : 51 Y 7 M 19 D/Male

Consultant Name : Dr.BALAJI.B

Bill No : MMH/MH/IP202402127

Bill Date : 04/10/2024

DOA : 1/10/2024 11:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 2,940.00
6	NURSING CHARGE	₹ 2,400.00
7	PROCEDURE CHARGES	₹ 2,500.00
8	PROFESSIONAL TEAM FEES	₹ 12,500.00
9	RADIOLOGY	₹ 1,575.00
Gross Amount		₹ 28,315.00
Net Payable		₹ 28,315.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 18,315.00

Received Amount in Words : Twenty-Eight Thousand Three Hundred Fifteen Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/1/2024	MMH/MH/RECH202403854	UPI	Advance Amount	10,000.00
2	10/4/2024	MMH/MH/REDH202421785	UPI	Collected Amount	18,315.00