

IN PATIENT SUMMARY BILL

UHID : MMH202482502

IP No : IP2024002265

Patient name : Mr.HARIHARAN

Age : 70 Y 0 M 2 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402201

Bill Date : 13/10/2024

DOA : 11/10/2024 8:36PM

DOD :

Entity Type : CASH

Entity Name : CASH

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	EQUIPMENT	₹ 1,000.00
6	LABORATORY	₹ 7,366.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 4,000.00
9	RADIOLOGY	₹ 5,400.00
Gross Amount		₹ 24,416.00
Net Payable		₹ 24,416.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 4,416.00

Received Amount in Words : Twenty-Four Thousand Four Hundred Sixteen Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/13/2024	MMH/MH/REDH202422491	CHEQUE	Collected Amount	1,873.00
2	10/11/2024	MMH/MH/RECH202404012	UPI	Advance Amount	5,000.00
3	10/13/2024	MMH/MH/RECH202404019	CARD	Advance Amount	15,000.00
4	10/13/2024	MMH/MH/REDH202422492	CARD	Collected Amount	2,543.00