

IN PATIENT SUMMARY BILL

UHID : MMH202482528

IP No : IP2024002274

Patient name : Mr.SATHISH A

Age : 33 Y 7 M 13 D/Male

Consultant Name : Dr.BALAJI.B

Bill No : MMH/MH/IP202402227

Bill Date : 16/10/2024

DOA : 12/10/2024 11:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	LABORATORY	₹ 20,108.00
5	NURSING CHARGE	₹ 2,800.00
6	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 36,733.00
Net Payable		₹ 36,733.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 16,733.00

Received Amount in Words : Thirty-Six Thousand Seven Hundred Thirty-Three Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/16/2024	MMH/MH/REDH202422680	CHEQUE	Collected Amount	2,151.00
2	10/12/2024	MMH/MH/RECH202404017	UPI	Advance Amount	10,000.00
3	10/16/2024	MMH/MH/REDH202422681	UPI	Collected Amount	14,582.00
4	10/12/2024	MMH/MH/RECH202404018	CARD	Advance Amount	10,000.00