

IN PATIENT SUMMARY BILL

UHID : MMH202482543

IP No : IP2024002277

Patient name : Master.RITHVIK N

Age : 8 Y 4 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402221

Bill Date : 15/10/2024

DOA : 13/10/2024 11:54PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 2,460.00
5	NURSING CHARGE	₹ 1,600.00
6	PROCEDURE CHARGES	₹ 450.00
7	PROFESSIONAL TEAM FEES	₹ 8,000.00
Gross Amount		₹ 22,060.00
Net Payable		₹ 22,060.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 17,060.00

Received Amount in Words : Twenty-Two Thousand Sixty Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/14/2024	MMH/MH/RECH202404022	UPI	Advance Amount	5,000.00
2	10/15/2024	MMH/MH/REDH202422651	CARD	Collected Amount	17,060.00