

IN PATIENT SUMMARY BILL

UHID : MH56783

IP No : IP2024000515

Patient name : Mr.VINOTH KUMAR

Age : 33 Y 6 M 26 D/Male

Consultant Name : Dr.SENTHIL KUMAR.E

Bill No : MMH/MH/IP202400502

Bill Date : 06/03/2024

DOA : 6/3/2024 9:18AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 120.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL FEES	₹ 1,000.00
Gross Amount		₹ 2,795.00
Net Payable		₹ 2,795.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,205.00

Received Amount in Words : Five Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/03/2024	MMH/MH/RECH2024008:	CARD	Advance Amount	5,000.00