

IN PATIENT SUMMARY BILL

UHID : MH56783

IP No : IP2024000849

Patient name : Mr.VINOTH KUMAR

Age : 33 Y 8 M 8 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400839

Bill Date : 17/04/2024

DOA : 11/4/2024 10:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	NURSING CHARGE	₹ 800.00
5	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 7,100.00
Net Payable		₹ 7,100.00
Advance Amount		₹ 7,100.00
Received Amount		₹ 0.00

Received Amount in Words : Seven Thousand One Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MH/RECH20240123	CARD	Advance Amount	5,000.00
2	16/04/2024	MMH/MH/RECH20240140	CARD	Advance Amount	2,100.00