

IN PATIENT SUMMARY BILL

UHID	: MMH202371716	Bill No	: MMH/MH/IP202400062
IP No	: IP2024000030	Bill Date	: 09/01/2024
Patient name	: Mr.VINOTH KUMAR R	DOA	: 4/1/2024 8:49PM
Age	: 33 Y 5 M 0 D/Male	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.VENKATACHALAM VEERAPPAN		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
5	LABORATORY	₹ 1,740.00
6	NURSING CHARGE	₹ 3,750.00
7	PROFESSIONAL TEAM FEES	₹ 12,000.00
	Gross Amount	₹ 42,840.00
	Net Payable	₹ 42,840.00
	Advance Amount	₹ 30,000.00
	Received Amount	₹ 12,840.00

Received Amount in Words : Forty-Two Thousand Eight Hundred Forty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MH/RECH2024000!	CARD	Advance Amount	10,000.00
2	08/01/2024	MMH/MH/RECH2024000!	CARD	Advance Amount	20,000.00
3	09/01/2024	MMH/MH/REDH2024006.	CHEQUE	Collected Amount	2,944.00
4	09/01/2024	MMH/MH/REDH2024006.	CARD	Collected Amount	9,896.00