IN PATIENT SUMMARY BILL

UHID : MMH202371716 Bill No : MMH/MH/IP202400241

IP No : IP2024000227 Bill Date : 02/02/2024

Patient name Mr.VINOTH KUMAR R DOA : 30/1/2024 12:17PM

Age : 33 Y 5 M 24 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SENTHIL KUMAR.E

| S.No | Description | | | Amount |
|------|-----------------------------|----------------|---|-----------|
| 1 | ADMINISTRATION CHARGES | | ₹ | 350.00 |
| 2 | BED CHARGES | | ₹ | 11,550.00 |
| 3 | DIET CHARGES | | ₹ | 500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | | ₹ | 2,250.00 |
| 5 | NURSING CHARGE | | ₹ | 2,400.00 |
| 6 | PROFESSIONAL FEES | | ₹ | 5,000.00 |
| | | Gross Amount | ₹ | 22,050.00 |
| | | Net Payable | ₹ | 22,050.00 |
| | | Advance Amount | ₹ | 10,000.00 |

Received Amount

Received Amount in Words : Twenty-Two Thousand Fifty Only DINESH

Authorised Signature

₹

12,050.00

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 01/02/2024 | MMH/MH/RECH2024003(| CARD | Advance Amount | 10,000.00 |
| 2 | 02/02/2024 | MMH/MH/REDH2024024 | CHEQUE | Collected Amount | 1,610.00 |
| 3 | 02/02/2024 | MMH/MH/REDH2024024 | CARD | Collected Amount | 10,440.00 |