IN PATIENT SUMMARY BILL

: MMH202372635 : MMH/MH/IP202400009 UHID Bill No

: IP2023002836 : 02/01/2024 IP No Bill Date

: Mr.DINESH RENI DOA Patient name : 29/12/2023 12:28PM

: 19 Y 0 M 4 D/Male DOD Age

: CASH Entity Type

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	15,400.00
3	DUTY MEDICAL OFFICER CHARGE		₹	2,800.00
4	LABORATORY		₹	5,661.00
5	NURSING CHARGE		₹	3,000.00
6	PROFESSIONAL TEAM FEES		₹	13,000.00
7	RADIOLOGY		₹	23,900.00
8	ULTRASOUND		₹	2,000.00
		Gross Amount	₹	66,111.00
		Net Pavahle	₹	66 111 00

66,111.00 Net Payable ₹ 25,000.00 **Advance Amount**

Received Amount 41,111.00

Received Amount in Words : Sixty-Six Thousand One Hundred Eleven Only KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00532	CASH	Advance Amount	10,000.00
2	30/12/2023	MMH/MH/RECH00561	CARD	Advance Amount	15,000.00
3	02/01/2024	MMH/MH/REDH2024001	CARD	Collected Amount	40,000.00
4	02/01/2024	MMH/MH/REDH2024001	CASH	Collected Amount	1,111.00