

IN PATIENT SUMMARY BILL

UHID : MMH202372657

IP No : IP2023002843

Patient name : Mr.KARUNAKARAN

Age : 56 Y 1 M 14 D/Male

Bill No : MMH/MH/IP202400002

Bill Date : 01/01/2024

DOA : 30/12/2023 1:26AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 9,861.00
5	NURSING CHARGE	₹ 2,250.00
6	PROFESSIONAL TEAM FEES	₹ 14,500.00
7	RADIOLOGY	₹ 7,900.00
Gross Amount		₹ 40,261.00
Net Payable		₹ 40,261.00
Advance Amount		₹ 43,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,739.00

Received Amount in Words : Forty-Three Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/MH/RECH00550	CASH	Advance Amount	24,000.00
2	30/12/2023	MMH/MH/RECH00551	CARD	Advance Amount	19,000.00