

IN PATIENT SUMMARY BILL

UHID : MMH202472842

IP No : IP2024000068

Patient name : Mr.HARISH KUMAR P

Age : 30 Y 0 M 1 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400064

Bill Date : 09/01/2024

DOA : 8/1/2024 11:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 2,750.00
4	CASUALTY	₹ 1,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
6	LABORATORY	₹ 6,677.00
7	NURSING CHARGE	₹ 750.00
8	PROFESSIONAL TEAM FEES	₹ 1,500.00
9	RADIOLOGY	₹ 3,610.00
Gross Amount		₹ 18,437.00
Net Payable		₹ 18,437.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 11,563.00

Received Amount in Words : Thirty Thousand Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	30,000.00