

IN PATIENT SUMMARY BILL

UHID : MMH202473727

IP No : IP2024000329

Patient name : Master.HEMKUMAR S

Age : 10 Y 7 M 1 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202400324

Bill Date : 11/02/2024

DOA : 10/2/2024 4:58PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 2,170.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL FEES	₹ 3,000.00
Gross Amount		₹ 8,170.00
Net Payable		₹ 8,170.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,170.00

Received Amount in Words : Eight Thousand One Hundred Seventy Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/MH/RECH2024005	CARD	Advance Amount	5,000.00
2	11/02/2024	MMH/MH/REDH2024030	CARD	Collected Amount	3,170.00