

IN PATIENT SUMMARY BILL

UHID : MMH202476464

IP No : IP2024001029

Patient name : Mr.DHINAKARAN D

Age : 48 Y 4 M 0 D/Male

Consultant Name : Dr.ARUNKUMAR.I

Bill No : MMH/MH/IP202400959

Bill Date : 05/05/2024

DOA : 4/5/2024 3:18PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	NURSING CHARGE	₹ 800.00
5	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 6,750.00
Net Payable		₹ 6,750.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 8,250.00

Received Amount in Words : Fifteen Thousand Only

KARTHICK

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/05/2024	MMH/MH/RECH2024016	CARD	Advance Amount	15,000.00