

IN PATIENT SUMMARY BILL

UHID : MMH202478987

IP No : IP2024001513

Patient name : Mr.KARTHI M

Age : 24 Y 7 M 7 D/Male

Consultant Name : Dr.SAKTHIDEVI.R

Bill No : MMH/MH/IP202401450

Bill Date : 07/07/2024

DOA : 6/7/2024 9:00PM

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	₹ 2,468.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 2,500.00
7	RADIOLOGY	₹ 400.00
Gross Amount		₹ 8,368.00
Net Payable		₹ 8,368.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 2,867.00
Refund Amount		₹ 4,499.00

Received Amount in Words : Twelve Thousand Eight Hundred Sixty-Seven Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MH/RECH202402537	UPI	Advance Amount	10,000.00
2	7/7/2024	MMH/MH/REDH202414564	CHEQUE	Collected Amount	2,867.00