IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401692 : MMH202480085 Bill No

: 06/08/2024 : IP2024001740 Bill Date IP No

Patient name : Mr.VARTUL KATIYAR : 3/8/2024 6:41PM DOA

: 32 Y 10 M 15 D/Male DOD Age

: CASH Entity Type : CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	12,600.00
3	DIET CHARGES		₹	1,500.00
4	DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
5	EQUIPMENT		₹	3,000.00
6	LABORATORY		₹	14,957.00
7	NURSING CHARGE		₹	2,400.00
8	PROFESSIONAL TEAM FEES		₹	6,500.00
9	RADIOLOGY		₹	4,400.00
		Gross Amount	₹	47,957.00
		Net Payable	₹	47,957.00
		Advance Amount	₹	10 000 00

Advance Amount 10,000.00 ₹ 37,957.00 **Received Amount**

Received Amount in Words : Forty-Seven Thousand Nine Hundred Fifty-Seven Only SUDHA.M

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/3/2024	MMH/MH/RECH202402983	CARD	Advance Amount	10,000.00
2	8/6/2024	MMH/MH/REDH202417165	CHEQUE	Collected Amount	894.00
3	8/6/2024	MMH/MH/REDH202417166	CARD	Collected Amount	37,063.00