

IN PATIENT SUMMARY BILL

UHID : MH01068
IP No : IP2024001315
Patient name : Mr.SATHYA NARAYANA.R.V
Age : 67 Y 1 M 1 D/Male

Bill No : MMH/MH/IP202401255
Bill Date : 12/06/2024
DOA : 12/6/2024 9:59AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 5,725.00
Net Payable		₹ 5,725.00
Received Amount		₹ 5,725.00

Received Amount in Words : Five Thousand Seven Hundred Twenty-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/12/2024	MMH/MH/REDH202412684	CARD	Collected Amount	5,725.00