

IN PATIENT SUMMARY BILL

UHID : MH07621
 IP No : IP2023002637
 Patient name : Mrs.POONGODI.M
 Age : 53 Y 11 M 4 D/Female
 Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP00076
 Bill Date : 05/12/2023
 DOA : 2/12/2023 1:26PM
 DOD :
 Entity Type : CASH
 Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 12,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	EQUIPMENT	₹ 1,000.00
5	LABORATORY	₹ 9,116.00
6	NURSING CHARGE	₹ 2,250.00
7	PROFESSIONAL TEAM FEES	₹ 6,000.00
8	RADIOLOGY	₹ 4,500.00
		₹ 37,916.00
		₹ 37,916.00
		₹ 37,916.00
		₹ 0.00

Received Amount in Words : Thirty-Seven Thousand Nine Hundred Sixteen
 Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 13:27:32.016	MMH/MH/RECH00164	CARD	Advance Amount	20,000.00
2	2023-12-05 15:49:05.496	MMH/MH/RECH00191	CARD	Advance Amount	17,916.00