

IN PATIENT SUMMARY BILL

UHID : MH13477

IP No : IP2023002725

Patient name : Mrs.SAVITHRI

Age : 75 Y 0 M 0 D/Female

Bill No : MMH/MH/IP00142

Bill Date : 14/12/2023

DOA : 14/12/2023 11:29AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 350.00
4	LABORATORY	₹ 8,991.00
5	NURSING CHARGE	₹ 375.00
6	OPERATION THEATRE CHARGES	₹ 2,500.00
7	PROFESSIONAL TEAM FEES	₹ 28,000.00
8	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 43,691.00
Net Payable		₹ 43,691.00
Advance Amount		₹ 43,691.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Three Thousand Six Hundred
Ninety-One Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					