IN PATIENT SUMMARY BILL

UHID : MH31092 : MMH/MH/IP202401477 Bill No

: IP2024001547 Bill Date : 12/07/2024 : 8/7/2024 2:12PM IP No Patient name : Mr.NATARAJAN S DOA

: 75/Male DOD Age

Entity Type : CASH Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	ı				Amount
1	ADMINIST	RATION CHA	RGES		₹	350.00
2	BED CHARGES				₹	28,600.00
3	DIET CHAI	RGES	₹	2,000.00		
4	DUTY MEDICAL OFFICER CHARGE				₹	3,000.00
5	EQUIPMENT				₹	2,100.00
6	LABORAT	ORY			₹	19,021.00
7	NURSING (CHARGE	₹	3,200.00		
8	PROFESSIONAL TEAM FEES				₹	15,500.00
9	RADIOLOG	GΥ			₹	16,880.00
Tax A	Amount	:	1,430.00	Gross Amount	₹	92,081.00
				Net Payable	₹	92,081.00
				Advance Amount	₹	20,000.00
				Received Amount	₹	72.081.00

Received Amount in Words : Ninety-Two Thousand Eighty-One Only SUDHA.M **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/12/2024	MMH/MH/RECH202402614	CARD	Advance Amount	20,000.00
2	7/12/2024	MMH/MH/REDH202415150	CASH	Collected Amount	72,081.00