

IN PATIENT SUMMARY BILL

UHID : MH44832
IP No : IP2023002700
Patient name : Mrs.PARVATHY R
Age : 67 Y 1 M 5 D/Female

Bill No : MMH/MH/IP00146
Bill Date : 15/12/2023
DOA : 11/12/2023 1:07PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 15,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	EQUIPMENT	₹ 4,000.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 10,924.00
7	NURSING CHARGE	₹ 4,250.00
8	PROFESSIONAL TEAM FEES	₹ 6,000.00
9	RADIOLOGY	₹ 4,150.00
Gross Amount		₹ 50,524.00
Net Payable		₹ 50,524.00
Advance Amount		₹ 50,524.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty Thousand Five Hundred Twenty-Four
Only

DINESH
Authorised Signature

Payment History

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