

IN PATIENT SUMMARY BILL

UHID : MH53877

IP No : IP2024000860

Patient name : Mr.SUNIL R

Age : 30/Male

Bill No : MMH/MH/IP202400812

Bill Date : 13/04/2024

DOA : 12/4/2024 6:42PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 1,248.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 9,098.00
Net Payable		₹ 9,098.00
Received Amount		₹ 9,098.00

Received Amount in Words : Nine Thousand Ninety-Eight Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MH/REDH2024078	CARD	Collected Amount	9,098.00