

IN PATIENT SUMMARY BILL

UHID : MH57461

IP No : IP2024001366

Patient name : Mr.THIRUMARAN N

Age : 55 Y 4 M 0 D/Male

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202401315

Bill Date : 21/06/2024

DOA : 19/6/2024 2:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 12,204.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 3,500.00
8	PROFESSIONAL TEAM FEES	₹ 7,000.00
9	RADIOLOGY	₹ 2,620.00
Gross Amount		₹ 45,374.00
Net Payable		₹ 45,374.00
Received Amount		₹ 45,374.00

Received Amount in Words : Forty-Five Thousand Three Hundred Seventy-Four Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/21/2024	MMH/MH/REDH202413326	UPI	Collected Amount	45,374.00