

IN PATIENT SUMMARY BILL

UHID : MH57600
IP No : IP2023002764
Patient name : Mr.PRABHU N
Age : 40 Y 5 M 16 D/Male

Bill No : MMH/MH/IP00186
Bill Date : 20/12/2023
DOA : 19/12/2023 5:02PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 3,311.00
5	NURSING CHARGE	₹ 750.00
6	PHARMACY CHARGE	₹ 122,689.00
7	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 135,550.00
Net Payable		₹ 135,550.00
Advance Amount		₹ 135,550.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Five Thousand Five Hundred
Fifty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00410	CARD	Advance Amount	120,000.00
2	20/12/2023	MMH/MH/RECH00420	CARD	Advance Amount	15,550.00