## IN PATIENT SUMMARY BILL

UHID : MHMG2300334 Bill No : MMH/MH/IP00247

IP No : IP2023002824 Bill Date : 29/12/2023

Patient name Mr.LAKSHMI NARAYANAN R DOA 28/12/2023 10:31AM

Age : 49/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.C.M.THIAGARAJAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	4,950.00
3	DUTY MEDICAL OFFICER CHARGE		₹	700.00
4	NURSING CHARGE		₹	750.00
5	PROFESSIONAL FEES		₹	700.00
		Gross Amount	₹	7,450.00
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 Gross Amount
 ₹
 7,450.00

 Net Payable
 ₹
 7,450.00

 Received Amount
 ₹
 7,450.00

Received Amount in Words : Seven Thousand Four Hundred Fifty Only KARTHIK C

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/REDH02671	UPI	Collected Amount	7,450.00