## IN PATIENT SUMMARY BILL

UHID : MHI202376623 Bill No : MMH/MH/IP202401960

: 13/09/2024 : IP2024002036 Bill Date IP No

Patient name : Dr.MURUGESAN .R DOA : 12/9/2024 8:59PM

: 78 Y 6 M 20 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.SATHISH BABU

Amount			Description	S.No
350.00	₹		ADMINISTRATION CHARGES	1
4,200.00	₹		BED CHARGES	2
750.00	₹		DUTY MEDICAL OFFICER CHARGE	3
3,264.00	₹		LABORATORY	4
800.00	₹		NURSING CHARGE	5
1,653.00	₹		PHARMACY CHARGE	6
400.00	₹		RADIOLOGY	7
11,417.00	₹	Gross Amount		
11,417.00	₹	Net Payable		
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₹ 11,417.00 **Received Amount** 

SUDHA : Eleven Thousand Four Hundred Seventeen Only **Received Amount in Words** 

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/13/2024	MMH/MH/REDH202420105	CARD	Collected Amount	11,417.00