

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024002083

Patient name : Mrs.RAJESWARI T

Age : 58 Y 1 M 30 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402007

Bill Date : 20/09/2024

DOA : 19/9/2024 1:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 576.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 14,926.00
Net Payable		₹ 14,926.00
Received Amount		₹ 14,926.00

Received Amount in Words : Fourteen Thousand Nine Hundred Twenty-Six Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/20/2024	MMH/MH/REDH202420707	CARD	Collected Amount	14,926.00