

IN PATIENT SUMMARY BILL

UHID : MMH202370764

IP No : IP2024002200

Patient name : Mrs.RAJESWARI T

Age : 58 Y 2 M 13 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402128

Bill Date : 04/10/2024

DOA : 3/10/2024 12:48PM

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	₹ 864.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 15,214.00
Net Payable		₹ 15,214.00
Received Amount		₹ 15,214.00

Received Amount in Words : Fifteen Thousand Two Hundred Fourteen Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MH/REDH202421812	CARD	Collected Amount	15,214.00