

IN PATIENT SUMMARY BILL

UHID : MMH202370972

IP No : IP2024000652

Patient name : Mr.HAMSAVARDHAN T S

Age : 18/Male

Bill No : MMH/MH/IP202400621

Bill Date : 23/03/2024

DOA : 20/3/2024 10:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 17,325.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
4	LABORATORY	₹ 12,432.00
5	NURSING CHARGE	₹ 2,800.00
6	PROFESSIONAL TEAM FEES	₹ 20,000.00
7	RADIOLOGY	₹ 2,720.00
Gross Amount		₹ 58,252.00
Net Payable		₹ 58,252.00
Received Amount		₹ 58,252.00

Received Amount in Words : Fifty-Eight Thousand Two Hundred Fifty-Two Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/MH/REDH2024063	NEFT	Collected Amount	58,252.00