

IN PATIENT SUMMARY BILL

UHID : MH51497

IP No : IP2024000009

Patient name : Mr.ANBALAGAN V

Age : 56 Y 8 M 21 D/Male

Bill No : MMH/MH/IP202400015

Bill Date : 03/01/2024

DOA : 2/1/2024 10:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr. CM Thiagarajan

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

Gross Amount₹7,200.00

Net Payable₹7,200.00

Received Amount₹7,200.00

Received Amount in Words : Seven Thousand Two Hundred Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/REDH2024001	UPI	Collected Amount	7,200.00