

IN PATIENT SUMMARY BILL

UHID : MMH202371967
IP No : IP2023002721
Patient name : Mrs.JAMUNA K
Age : 63 Y 3 M 14 D/Female

Bill No : MMH/MH/IP00158
Bill Date : 16/12/2023
DOA : 13/12/2023 11:16PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 2,450.00
5	INTENSIVIST CHARGES	₹ 6,000.00
6	LABORATORY	₹ 13,457.00
7	NURSING CHARGE	₹ 4,750.00
8	PHYSIOTHERAPY	₹ 2,400.00
9	PROFESSIONAL TEAM FEES	₹ 4,000.00
10	RADIOLOGY	₹ 17,450.00

Gross Amount ₹ **67,657.00**

Net Payable ₹ **67,657.00**

Advance Amount ₹ **67,657.00**

Received Amount ₹ **0.00**

Received Amount in Words : Sixty-Seven Thousand Six Hundred
Fifty-Seven Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					