

IN PATIENT SUMMARY BILL

UHID : MHI202481908

IP No : IPH2024000167

Patient name : Mr.JAYA SINGH EBENEZER

Age : 62 Y 6 M 6 D/Male

Bill No : MMH/HM/IPH202400168

Bill Date : 25/01/2024

DOA : 23/1/2024 3:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 1,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	LABORATORY	₹ 725.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 800.00
7	OP REGISTRATION	₹ 150.00
8	PHARMACY CHARGE	₹ 1,334.00
Gross Amount		₹ 6,109.00
Net Payable		₹ 6,109.00
Received Amount		₹ 6,109.00

Received Amount in Words : Six Thousand One Hundred Nine Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/01/2024	MMH/HM/RECB202401	UPI	Collected Amount	6,109.00