

IN PATIENT SUMMARY BILL

UHID : MMH202473369

IP No : IP2024000500

Patient name : Mr.ELUMALAI.P.G

Age : 65 Y 9 M 18 D/Male

Bill No : MMH/MH/IP202400530

Bill Date : 09/03/2024

DOA : 4/3/2024 7:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	LABORATORY	₹ 10,664.00
5	NURSING CHARGE	₹ 4,000.00
6	PROFESSIONAL TEAM FEES	₹ 9,000.00
7	RADIOLOGY	₹ 3,800.00
8	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 52,814.00
Net Payable		₹ 52,814.00
Received Amount		₹ 52,814.00

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

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/03/2024	MMH/MH/REDH2024052	CHEQUE	Collected Amount	4,729.00
2	09/03/2024	MMH/MH/REDH2024052	CASH	Collected Amount	48,085.00