

IN PATIENT SUMMARY BILL

UHID : MMH202473420

IP No : IP2024000360

Patient name : Mrs.MYTHILI SETHURAMAN

Age : 73 Y 8 M 25 D/Female

Bill No : MMH/MH/IP202400351

Bill Date : 15/02/2024

DOA : 15/2/2024 11:03AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 1,860.00
6	NURSING CHARGE	₹ 800.00
7	PROFESSIONAL TEAM FEES	₹ 1,500.00
Gross Amount		₹ 11,660.00
Net Payable		₹ 11,660.00
Received Amount		₹ 11,660.00

Received Amount in Words : Eleven Thousand Six Hundred Sixty Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/02/2024	MMH/MH/REDH2024034	CARD	Collected Amount	11,660.00