

IN PATIENT SUMMARY BILL

UHID : MMH202473447

IP No : IP2024000342

Patient name : Mr.DINESH BELLAN

Age : 37 Y 8 M 29 D/Male

Bill No : MMH/MH/IP202400334

Bill Date : 13/02/2024

DOA : 12/2/2024 6:37PM

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	₹ 750.00
4	GENERAL PROCEDURE	₹ 1,500.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 18,000.00
Gross Amount		₹ 26,350.00
Net Payable		₹ 26,350.00
Received Amount		₹ 26,350.00

Received Amount in Words : Twenty-Six Thousand Three Hundred Fifty Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/MH/REDH2024032	CARD	Collected Amount	26,350.00