

IN PATIENT SUMMARY BILL

UHID : MMH202473787

IP No : IP2024001766

Patient name : Mr.NARAYANAN N

Age : 82 Y 5 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401702

Bill Date : 08/08/2024

DOA : 7/8/2024 11:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
5	LABORATORY	₹ 720.00
6	NURSING CHARGE	₹ 1,200.00
7	PROFESSIONAL TEAM FEES	₹ 6,000.00
8	RADIOLOGY	₹ 3,120.00
Gross Amount		₹ 19,315.00
Net Payable		₹ 19,315.00
Received Amount		₹ 19,315.00

Received Amount in Words : Nineteen Thousand Three Hundred Fifteen Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/8/2024	MMH/MH/REDH202417345	CARD	Collected Amount	19,315.00