

IN PATIENT SUMMARY BILL

UHID : MMH202475334

IP No : IP2024000732

Patient name : Mr.SRINIVAS NARASIMHAN

Age : 65 Y 6 M 1 D/Male

Bill No : MMH/MH/IP202400685

Bill Date : 30/03/2024

DOA : 28/3/2024 8:05PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 8,400.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
6	LABORATORY	₹ 9,038.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 3,500.00
9	PHARMACY CHARGE	₹ 13,267.00
10	PROFESSIONAL TEAM FEES	₹ 14,000.00
11	RADIOLOGY	₹ 2,440.00
Gross Amount		₹ 55,095.00
Net Payable		₹ 55,095.00
Received Amount		₹ 55,095.00

Received Amount in Words : Fifty-Five Thousand Ninety-Five Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/MH/REDH2024068	CARD	Collected Amount	55,095.00