IN PATIENT SUMMARY BILL

UHID : MMH202475351 Bill No : MMH/MH/IP202401359

IP No : IP2024001413 Bill Date : 25/06/2024

Patient name : Mrs.PUNITHAVATHI DOA : 24/6/2024 9:58AM

Age : 61 Y 2 M 28 D/Female DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

Amount				tion	Descripti	S.No
350.00	₹	ADMINISTRATION CHARGES				
10,500.00	₹	BED CHARGES				
750.00	₹	DUTY MEDICAL OFFICER CHARGE				
4,524.00	₹	LABORATORY				
800.00	₹	NURSING CHARGE				
11,159.00	₹	OPERATION THEATRE CHARGES				
19,392.00	₹	PHARMACY CHARGE				
100,000.00	₹	PROFESSIONAL TEAM FEES				
3,000.00	₹			LOGY	RADIOL	9
151,000.00	₹	Gross Amount	525.00	:	Amount	Tax .
151 000 00	₹	Net Pavable				

 Net Payable
 ₹
 151,000.00

 Received Amount
 ₹
 151,000.00

O THE TO SEE THE TOTAL SECTION OF THE TOTAL SECTION

Received Amount in Words : One Lakh Fifty-One Thousand Only KARTHICK.S

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/25/2024	MMH/MH/REDH202413627	CASH	Collected Amount	100,000.00
2	6/26/2024	MMH/MH/REDH202413659	CASH	Collected Amount	51,000.00