

IN PATIENT SUMMARY BILL

UHID : MMH202475475

IP No : IP2024000780

Patient name : Mrs.PRIYA M

Age : 29 Y 5 M 13 D/Female

Bill No : MMH/MH/IP202400749

Bill Date : 06/04/2024

DOA : 3/4/2024 6:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 1,950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,101.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 18,300.00
10	PHARMACY CHARGE	₹ 16,236.60
11	PROFESSIONAL TEAM FEES	₹ 29,000.00
12	RADIOLOGY	₹ 3,000.00

Gross Amount₹ 85,587.60

Net Payable₹ 85,588.00

Received Amount₹ 85,588.00

Received Amount in Words : Eighty-Five Thousand Five Hundred Eighty-Eight Only

SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/04/2024	MMH/MH/REDH2024073	CASH	Collected Amount	85,588.00