

IN PATIENT SUMMARY BILL

UHID : MMH202475609

IP No : IP2024000847

Patient name : Child.APORNA MANDAL

Age : 11 Y 9 M 26 D/Female

Bill No : MMH/MH/IP202400798

Bill Date : 12/04/2024

DOA : 10/4/2024 6:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 8,966.00
6	NURSING CHARGE	₹ 1,600.00
7	PHARMACY CHARGE	₹ 539.00
8	PROFESSIONAL TEAM FEES	₹ 10,345.00
9	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 28,500.00
Net Payable		₹ 28,500.00
Received Amount		₹ 28,500.00

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

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/04/2024	MMH/MH/REDH2024078	CASH	Collected Amount	28,500.00