## IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401806 : MMH202476060 Bill No

: 23/08/2024 : IP2024001885 IP No Bill Date

Patient name : Mr.BALAKUMARAN P : 22/8/2024 10:57PM DOA

: 57 Y 7 M 24 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.RENGAN.R.S

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	3,750.00
3	EQUIPMENT		₹	200.00
4	INTENSIVIST CHARGES		₹	1,500.00
5	LABORATORY		₹	17,970.00
6	NURSING CHARGE		₹	1,000.00
7	RADIOLOGY		₹	1,150.00
8	TRANSPORT		₹	2,500.00
		Gross Amount	₹	28,420.00
		Net Payable	₹	28,420.00
		Received Amount	₹	28,420.00

: Twenty-Eight Thousand Four Hundred Twenty Only SRINIVASAN **Received Amount in Words** 

**Authorised Signature** 

## **Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/23/2024	MMH/MH/REDH202418404	CASH	Collected Amount	28,420.00