

IN PATIENT SUMMARY BILL

UHID : MMH202476348

IP No : IP2024001001

Patient name : Mr.PERUMAL RAJ A

Age : 46 Y 6 M 3 D/Male

Bill No : MMH/MH/IP202400951

Bill Date : 03/05/2024

DOA : 1/5/2024 12:26PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	EQUIPMENT	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 2,000.00
6	LABORATORY	₹ 3,240.00
7	NURSING CHARGE	₹ 1,600.00
8	PROFESSIONAL TEAM FEES	₹ 18,000.00
Gross Amount		₹ 38,590.00
Net Payable		₹ 38,590.00
Received Amount		₹ 38,590.00

Received Amount in Words : Thirty-Eight Thousand Five Hundred Ninety Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MH/REDH2024093	AFFORDPLAN	Collected Amount	20,000.00
2	03/05/2024	MMH/MH/REDH2024093	UPI	Collected Amount	18,590.00