

IN PATIENT SUMMARY BILL

UHID : MMH202476379

IP No : IP2024002263

Patient name : Mr.SUDHAGAR S

Age : 33 Y 3 M 17 D/Male

Consultant Name : Dr.CM THIAGARAJAN

Bill No : MMH/MH/IP202402195

Bill Date : 12/10/2024

DOA : 11/10/2024 3:43PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,000.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 8,850.00
Net Payable		₹ 8,850.00
Received Amount		₹ 8,850.00

Received Amount in Words : Eight Thousand Eight Hundred Fifty Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/12/2024	MMH/MH/REDH202422452	CARD	Collected Amount	8,850.00