

IN PATIENT SUMMARY BILL

UHID : MHE202421118

IP No : IPE2024000057

Patient name : B/O. VANITHA

Age : 0 Y 0 M 2 D/Male

Consultant Name : Dr.P.NARMADHA

Bill No : MMH/MV/IPE202400048

Bill Date : 03/05/2024

DOA : 1/5/2024 1:44PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	LABORATORY	₹ 925.00
2	NURSING CHARGE	₹ 1,250.00
Gross Amount		₹ 2,175.00
Net Payable		₹ 2,175.00
Received Amount		₹ 2,175.00

Received Amount in Words : Two Thousand One Hundred Seventy-Five Only

ELAKKIYA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/05/2024	MMH/MV/RECBD2024000	CASH	Collected Amount	2,175.00