

IN PATIENT SUMMARY BILL

UHID : MMH202476499

IP No : IP2024001031

Patient name : Child.B/O SELVI

Age : 0 Y 0 M 1 D/Male

Consultant Name : Dr.LAKSHAN RAJ

Bill No : MMH/MH/IP202400969

Bill Date : 06/05/2024

DOA : 5/5/2024 2:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	LABORATORY	₹ 315.00
3	NURSING CHARGE	₹ 1,600.00
4	PROFESSIONAL TEAM FEES	₹ 3,500.00
Gross Amount		₹ 5,765.00
Net Payable		₹ 5,765.00
Received Amount		₹ 5,765.00

Remarks : Due

Received Amount in Words : Five Thousand Seven Hundred Sixty-Five Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/05/2024	MMH/MH/REDH2024095	CARD	Collected Amount	5,765.00