

IN PATIENT SUMMARY BILL

UHID : MMH202477454

IP No : IP2024001230

Patient name : Mr.DHANANCHEZHIAN R

Age : 23 Y 10 M 4 D/Male

Bill No : MMH/MH/IP202401189

Bill Date : 03/06/2024

DOA : 1/6/2024 4:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 3,528.00
5	NURSING CHARGE	₹ 1,600.00
6	OPERATION THEATRE CHARGES	₹ 10,000.00
7	OTHER ADDITION	₹ 24,511.00
8	PHARMACY CHARGE	₹ 2,311.00
9	PROFESSIONAL TEAM FEES	₹ 39,000.00
Gross Amount		₹ 85,000.00
Net Payable		₹ 85,000.00
Advance Amount		₹ 85,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Five Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/06/2024	MMH/MH/RECH2024020:	UPI	Advance Amount	85,000.00