

IN PATIENT SUMMARY BILL

UHID : MHI202484901

IP No : IP2024001666

Patient name : Mr.RAJENDRAN J S A

Age : 75 Y 1 M 23 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401600

Bill Date : 25/07/2024

DOA : 24/7/2024 11:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 2,412.00
6	NURSING CHARGE	₹ 800.00
7	PHYSIOTHERAPY	₹ 1,200.00
8	PROFESSIONAL TEAM FEES	₹ 4,000.00
Gross Amount		₹ 14,962.00
Net Payable		₹ 14,962.00
Received Amount		₹ 14,962.00

Received Amount in Words : Fourteen Thousand Nine Hundred Sixty-Two Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/25/2024	MMH/MH/REDH202416296	CARD	Collected Amount	14,962.00