

IN PATIENT SUMMARY BILL

UHID : MMH202480083

IP No : IP2024001784

Patient name : Mr.SUKUMARAN.M

Age : 77 Y 9 M 26 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401717

Bill Date : 10/08/2024

DOA : 9/8/2024 9:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 1,100.00 |
| 3 | DIET CHARGES | ₹ 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 750.00 |
| 5 | LABORATORY | ₹ 3,445.00 |
| 6 | NURSING CHARGE | ₹ 800.00 |
| 7 | PROFESSIONAL TEAM FEES | ₹ 3,000.00 |
| Gross Amount | | ₹ 10,445.00 |
| Net Payable | | ₹ 10,445.00 |
| Received Amount | | ₹ 10,445.00 |

Received Amount in Words : Ten Thousand Four Hundred Forty-Five Only

SUDHA
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/10/2024 | MMH/MH/REDH202417498 | CARD | Collected Amount | 10,445.00 |