

IN PATIENT SUMMARY BILL

UHID : MHP202401055

IP No : IP2024002258

Patient name : Mrs.KOTHAI R

Age : 74 Y 9 M 15 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202402180

Bill Date : 10/10/2024

DOA : 10/10/2024 9:25AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,375.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
4	LABORATORY	₹ 3,135.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 18,000.00
7	RADIOLOGY	₹ 550.00
Gross Amount		₹ 24,185.00
Net Payable		₹ 24,185.00
Received Amount		₹ 24,185.00

Received Amount in Words : Twenty-Four Thousand One Hundred Eighty-Five Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/10/2024	MMH/MH/REDH202422335	CARD	Collected Amount	24,185.00