

IN PATIENT SUMMARY BILL

UHID : MMH202481083

IP No : IP2024001961

Patient name : B/O.DHANALAKSHMI

Age : 0 Y 0 M 3 D/Male

Consultant Name : Dr.INDHUMATHY.M

Bill No : MMH/MH/IP202401908

Bill Date : 05/09/2024

DOA : 2/9/2024 10:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	LABORATORY	₹ 1,256.00
3	NURSING CHARGE	₹ 2,400.00
4	PROFESSIONAL TEAM FEES	₹ 10,000.00
Gross Amount		₹ 14,056.00
Net Payable		₹ 14,056.00
Received Amount		₹ 14,056.00

Received Amount in Words : Fourteen Thousand Fifty-Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/5/2024	MMH/MH/REDH202419522	CASH	Collected Amount	14,056.00