IN PATIENT SUMMARY BILL

UHID : MMH202482430 Bill No : MMH/MH/IP202402188

: IP2024002242 : 11/10/2024 Bill Date IP No

: Mr.LALITH KISHORE : 8/10/2024 10:53PM Patient name DOA

: 21 Y 5 M 22 D/Male DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	8,250.00
3	DUTY MEDICAL OFFICER CHARGE		₹	2,250.00
4	LABORATORY		₹	3,619.00
5	NURSING CHARGE		₹	2,400.00
6	PROFESSIONAL TEAM FEES		₹	10,000.00
7	RADIOLOGY		₹	12,560.00
		Gross Amount	₹	39,429.00
		Net Payable	₹	39,429.00
		Advance Amount	₹	5,000.00
		Received Amount	₹	34,429.00

SUDHA **Received Amount in Words** : Thirty-Nine Thousand Four Hundred Twenty-Nine Only

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/8/2024	MMH/MH/RECH202403961	UPI	Advance Amount	5,000.00
2	10/11/2024	MMH/MH/REDH202422382	UPI	Collected Amount	34,429.00