IN PATIENT SUMMARY BILL

UHID : MMH202482619 Bill No : MMH/MH/IP202402233

: IP2024002293 : 17/10/2024 IP No Bill Date

Patient name : Mrs.PRIYA MUKUNDHAN : 16/10/2024 9:08AM DOA

DOD : 47 Y 0 M 14 D/Female Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.VENKATACHALAM VEERAPPAN

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	4,200.00
3	DUTY MEDICAL OFFICER CHARGE		₹	750.00
4	INJECTION CHARGES		₹	200.00
5	LABORATORY		₹	3,444.00
6	NURSING CHARGE		₹	800.00
7	OPERATION THEATRE CHARGES		₹	6,600.00
8	PROFESSIONAL TEAM FEES		₹	35,000.00
9	RADIOLOGY		₹	1,000.00
		Gross Amount	₹	52,344.00
		Net Payable	₹	52,344.00
		Advance Amount	₹	20,000,00

₹ 32,344.00 **Received Amount**

: Fifty-Two Thousand Three Hundred Forty-Four Only SATHISH KUMAR.S **Received Amount in Words**

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/16/2024	MMH/MH/RECH202404054	CARD	Advance Amount	20,000.00
2	10/17/2024	MMH/MH/REDH202422739	CARD	Collected Amount	32,344.00