

IN PATIENT SUMMARY BILL

UHID : MHC202400065

IP No : IPC2024000040

Patient name : Baby.SARVESH KRISHNAN B

Age : 0 Y 4 M 10 D/Male

Bill No : MMH/CM/IP202400070

Bill Date : 11/01/2024

DOA : 5/1/2024 12:54PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVINDH RAJHA P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 11,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
4	EQUIPMENT	₹ 3,100.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 1,728.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,500.00
9	PROFESSIONAL TEAM FEES	₹ 5,250.00
10	RADIOLOGY	₹ 420.00

Gross Amount ₹ 26,648.00

Net Payable ₹ 26,648.00

Advance Amount ₹ 10,000.00

Received Amount ₹ 16,648.00

Received Amount in Words : Twenty-Six Thousand Six Hundred Forty-Eight Only

IMANUVEL  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	10,000.00
2	11/01/2024	MMH/CM/RECBD202401	UPI	Collected Amount	16,648.00