

IN PATIENT SUMMARY BILL

UHID : MHC202400072

IP No : IPC2024000062

Patient name : Mr.RAVINDRAN M

Age : 63 Y 0 M 5 D/Male

Bill No : MMH/CM/IP202400096

Bill Date : 13/01/2024

DOA : 8/1/2024 10:41AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SANKARLINGAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 8,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,750.00
4	GENERAL PROCEDURE	₹ 500.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 4,005.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,375.00
9	OPERATION THEATRE CHARGES	₹ 5,000.00
10	PROFESSIONAL TEAM FEES	₹ 12,100.00
11	RADIOLOGY	₹ 550.00
Gross Amount		₹ 35,080.00
Net Payable		₹ 35,080.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 15,080.00

Received Amount in Words : Thirty-Five Thousand Eighty Only

BANUPRIYA.A

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	10,000.00
2	11/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	10,000.00
3	13/01/2024	MMH/CM/RECBD2024021	UPI	Collected Amount	15,080.00