

IN PATIENT SUMMARY BILL

UHID : MHC202400109

IP No : IPC2024000003

Patient name : Mr.MOHAN

Age : 65 Y 0 M 2 D/Male

Bill No : MMH/CM/IP202400010

Bill Date : 04/01/2024

DOA : 2/1/2024 7:20AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.MEDWAY HOSPITAL

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 10,050.00
3	EQUIPMENT	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 2,500.00
6	INVESTIGATIONS	₹ 1,750.00
7	LABORATORY	₹ 5,718.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 625.00
10	PROFESSIONAL TEAM FEES	₹ 3,150.00
11	RADIOLOGY	₹ 830.00
12	TRANSPORT	₹ 600.00
13	ULTRASOUND	₹ 1,300.00
Gross Amount		₹ 28,073.00
Net Payable		₹ 28,073.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 23,073.00

Received Amount in Words : Twenty-Eight Thousand Seventy-Three Only

SASI KUMAR.K  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	5,000.00
2	04/01/2024	MMH/CM/RECB2024000	CARD	Collected Amount	20,000.00
3	04/01/2024	MMH/CM/RECB2024000	CASH	Collected Amount	3,073.00