

IN PATIENT SUMMARY BILL (DUPLICATE - COPY)

UHID : MHC202400153

IP No : IPC2024000007

Patient name : Mrs.SHAKILA BANU M

Age : 53 Y 0 M 0 D/Female

Consultant Name : Dr.MEDWAY JSP

Bill No : MMH/CM/IP202400001

Bill Date : 02/01/2024

DOA : 2/1/2024 12:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 564.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 250.00
8	PROFESSIONAL TEAM FEES	₹ 600.00
9	RADIOLOGY	₹ 240.00
Gross Amount		₹ 3,629.00
Net Payable		₹ 3,629.00
Received Amount		₹ 3,629.00

Received Amount in Words : Three Thousand Six Hundred
Twenty-Nine Only

SASI KUMAR.K
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2024-01-02 20:50:44.580	MMH/CM/RECB2024001	CASH	Collected Amount	3,629.00