

IN PATIENT SUMMARY BILL

UHID : MHC202400175

IP No : IPC2024000048

Patient name : Mrs.AMALA J

Age : 25 Y 0 M 0 D/Female

Bill No : MMH/CM/IP202400032

Bill Date : 06/01/2024

DOA : 6/1/2024 11:43AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VALLIAMMAL K(DGO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 750.00
3	GENERAL PROCEDURE	₹ 80.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 220.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 150.00
8	OPERATION THEATRE CHARGES	₹ 3,000.00
9	PROFESSIONAL TEAM FEES	₹ 8,000.00
Gross Amount		₹ 12,750.00
Net Payable		₹ 12,750.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 9,750.00

Received Amount in Words : Twelve Thousand Seven Hundred Fifty Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	3,000.00
2	06/01/2024	MMH/CM/RECB2024000	CASH	Collected Amount	7,600.00
3	06/01/2024	MMH/CM/RECB2024000	UPI	Collected Amount	2,150.00