

IN PATIENT SUMMARY BILL

UHID : MHC202400307

IP No : IPC2024000014

Patient name : Ms.VISHALI

Age : 17 Y 0 M 3 D/Female

Bill No : MMH/CM/IP202400020

Bill Date : 05/01/2024

DOA : 2/1/2024 10:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI (ANESTH)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 15,400.00
3	EQUIPMENT	₹ 3,000.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 2,328.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 750.00
9	PROFESSIONAL TEAM FEES	₹ 2,300.00
10	RADIOLOGY	₹ 660.00

Gross Amount ₹ 27,988.00

Net Payable ₹ 27,988.00

Advance Amount ₹ 15,000.00

Received Amount ₹ 12,988.00

Received Amount in Words : Twenty-Seven Thousand Nine Hundred Eighty-Eight Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	5,000.00
2	04/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	10,000.00
3	05/01/2024	MMH/CM/RECB2024000	UPI	Collected Amount	12,988.00