

IN PATIENT SUMMARY BILL

UHID : MHC202400438

IP No : IPC2024000021

Patient name : Master.KISHOR M

Age : 12 Y 0 M 3 D/Male

Consultant Name : Dr.ARTHI (ANESTH)

Bill No : MMH/CM/IP202400026

Bill Date : 06/01/2024

DOA : 3/1/2024 6:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 750.00
7	PROFESSIONAL TEAM FEES	₹ 3,000.00
Gross Amount		₹ 10,300.00
Net Payable		₹ 10,300.00
Received Amount		₹ 10,300.00

Received Amount in Words : Ten Thousand Three Hundred Only

BANUPRIYA.A

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/CM/RECB202400	CASH	Collected Amount	10,300.00