

IN PATIENT SUMMARY BILL

UHID : MHC202400500

IP No : IPC2024000025

Patient name : Child.ANDREWS

Age : 4 Y 0 M 1 D/Male

Bill No : MMH/CM/IP202400016

Bill Date : 05/01/2024

DOA : 4/1/2024 4:42AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVINDH RAJHA P.S(PAEDITRICS)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,070.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 375.00
8	PROFESSIONAL TEAM FEES	₹ 1,500.00
Gross Amount		₹ 6,045.00
Net Payable		₹ 6,045.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 1,045.00

Received Amount in Words : Six Thousand Forty-Five Only

MARAN.R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	5,000.00
2	05/01/2024	MMH/CM/RECB2024000	UPI	Collected Amount	1,045.00