

IN PATIENT SUMMARY BILL

UHID : MHC202400554

IP No : IPC2024000027

Patient name : Mr.GAJENDIRAN

Age : 55 Y 0 M 2 D/Male

Bill No : MMH/CM/IP202400038

Bill Date : 06/01/2024

DOA : 4/1/2024 10:47AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI (ANESTH)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,750.00
3	INFECTION CONTROL	₹ 100.00
4	INTENSIVIST CHARGES	₹ 2,500.00
5	LABORATORY	₹ 5,090.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 625.00
8	PROFESSIONAL TEAM FEES	₹ 1,800.00
9	RADIOLOGY	₹ 1,850.00
Gross Amount		₹ 16,165.00
Net Payable		₹ 16,165.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 13,165.00

Received Amount in Words : Sixteen Thousand One Hundred Sixty-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	CASH	Advance Amount	3,000.00
2	06/01/2024	MMH/CM/RECB2024010	UPI	Collected Amount	9,000.00
3	06/01/2024	MMH/CM/RECB2024010	CASH	Collected Amount	4,165.00