

IN PATIENT SUMMARY BILL

UHID : MHC202400615
IP No : IPC2024000032
Patient name : Mrs.NANDHINI
Age : 29 Y 0 M 2 D/Female

Bill No : MMH/CM/IP202400029
Bill Date : 06/01/2024
DOA : 4/1/2024 3:23PM
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	₹ 3,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 80.00
6	INFECTION CONTROL	₹ 100.00
7	LABORATORY	₹ 1,728.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 300.00
10	OPERATION THEATRE CHARGES	₹ 9,500.00
11	PROFESSIONAL TEAM FEES	₹ 25,500.00

Gross Amount ₹ **44,758.00**
Net Payable ₹ **44,758.00**
Advance Amount ₹ **5,000.00**
Received Amount ₹ **39,758.00**

Received Amount in Words : Forty-Four Thousand Seven Hundred
Fifty-Eight Only

BANUPRIYA.A
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/CM/RECAP202400C	UPI	Advance Amount	5,000.00
2	06/01/2024	MMH/CM/RECB202400'	UPI	Collected Amount	39,758.00