

IN PATIENT SUMMARY BILL

UHID : MHC202400630

IP No : IPC2024000033

Patient name : Mr.SANKAR

Age : 56 Y 0 M 1 D/Male

Consultant Name : Dr.ARTHI (ANESTH)

Bill No : MMH/CM/IP202400019

Bill Date : 05/01/2024

DOA : 4/1/2024 4:33PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 5,700.00
3	EQUIPMENT	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 1,000.00
6	LABORATORY	₹ 2,160.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 250.00
9	PROFESSIONAL TEAM FEES	₹ 2,100.00
10	RADIOLOGY	₹ 660.00
11	TRANSPORT	₹ 600.00
Gross Amount		₹ 14,020.00
Net Payable		₹ 14,020.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 4,020.00

Received Amount in Words : Fourteen Thousand Twenty Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	10,000.00
2	05/01/2024	MMH/CM/RECB2024000	UPI	Collected Amount	4,020.00