

IN PATIENT SUMMARY BILL

UHID : MHC202400643

IP No : IPC2024000034

Patient name : Mr.MANOJ

Age : 19 Y 0 M 1 D/Male

Consultant Name : Dr.SHEETAL(ENT)

Bill No : MMH/CM/IP202400015

Bill Date : 05/01/2024

DOA : 4/1/2024 5:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 1,500.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 500.00 |
| 4 | GENERAL PROCEDURE | ₹ 80.00 |
| 5 | INFECTION CONTROL | ₹ 100.00 |
| 6 | LABORATORY | ₹ 920.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 250.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 9,000.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 20,000.00 |
| Gross Amount | | ₹ 32,800.00 |
| Net Payable | | ₹ 32,800.00 |
| Advance Amount | | ₹ 5,000.00 |
| Received Amount | | ₹ 27,800.00 |

Received Amount in Words : Thirty-Two Thousand Eight Hundred 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 | 5,000.00 |
| 2 | 05/01/2024 | MMH/CM/RECBD2024000 | CASH | Collected Amount | 27,800.00 |