

IN PATIENT SUMMARY BILL

UHID : MHC202400679

IP No : IPC2024000035

Patient name : Mrs.KALAISELVI.A

Age : 27 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400012

Bill Date : 05/01/2024

DOA : 4/1/2024 8:58PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SASIKALA(DGO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 925.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 200.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 150.00
7	OPERATION THEATRE CHARGES	₹ 3,000.00
8	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 11,825.00
Net Payable		₹ 11,825.00
Received Amount		₹ 11,825.00

Received Amount in Words : Eleven Thousand Eight Hundred Twenty-Five Only

SASI KUMAR.K  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/CM/RECB2024001	CASH	Collected Amount	11,825.00