

IN PATIENT SUMMARY BILL

UHID : MHC202400800

IP No : IPC2024000054

Patient name : Mrs.VIJAYALAKSHMI

Age : 34 Y 0 M 2 D/Female

Bill No : MMH/CM/IP202400042

Bill Date : 07/01/2024

DOA : 7/1/2024 8:27AM

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               | ₹ 750.00   |
| 3               | GENERAL PROCEDURE         | ₹ 80.00    |
| 4               | INFECTION CONTROL         | ₹ 100.00   |
| 5               | LABORATORY                | ₹ 175.00   |
| 6               | MEDICAL RECORD CHARGE     | ₹ 200.00   |
| 7               | NURSING CHARGE            | ₹ 150.00   |
| 8               | OPERATION THEATRE CHARGES | ₹ 1,500.00 |
| 9               | PROFESSIONAL TEAM FEES    | ₹ 3,000.00 |
| Gross Amount    |                           | ₹ 6,205.00 |
| Net Payable     |                           | ₹ 6,205.00 |
| Received Amount |                           | ₹ 6,205.00 |

Received Amount in Words : Six Thousand Two Hundred Five Only

SASI KUMAR.K  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code      | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|-------------------|--------------|------------------|-----------------|
| 1    | 07/01/2024   | MMH/CM/RECB202401 | CASH         | Collected Amount | 6,205.00        |