

IN PATIENT SUMMARY BILL

UHID : MHC202400829

IP No : IPC2024000045

Patient name : B/O.JAINAB BEGAM

Age : 0 Y 0 M 2 D/Male

Consultant Name : Dr.HUMAYOON

Bill No : MMH/CM/IP202400046

Bill Date : 07/01/2024

DOA : 5/1/2024 7:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	EQUIPMENT	₹ 2,500.00
3	LABORATORY	₹ 270.00
4	NURSING CHARGE	₹ 300.00
5	OTHERS	₹ 80.00
6	PROFESSIONAL TEAM FEES	₹ 1,000.00
Gross Amount		₹ 4,400.00
Net Payable		₹ 4,400.00
Received Amount		₹ 4,400.00

Received Amount in Words : Four Thousand Four Hundred Only

BANUPRIYA.A

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/CM/RECB202401	CARD	Collected Amount	4,400.00