

IN PATIENT SUMMARY BILL

UHID : MHC202400429

IP No : IPC2024000018

Patient name : Mr.PRASATH BABU D

Age : 57 Y 0 M 3 D/Male

Bill No : MMH/CM/IP202400031

Bill Date : 06/01/2024

DOA : 3/1/2024 3:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SENTHIL KUMAR (UROLOGIST)

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 5,550.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 4 | INFECTION CONTROL | ₹ 100.00 |
| 5 | LABORATORY | ₹ 3,666.00 |
| 6 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 7 | NURSING CHARGE | ₹ 750.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 5,800.00 |
| 9 | RADIOLOGY | ₹ 660.00 |
| Gross Amount | | ₹ 18,476.00 |
| Net Payable | | ₹ 18,476.00 |
| Advance Amount | | ₹ 5,000.00 |
| Received Amount | | ₹ 13,476.00 |

Received Amount in Words : Eighteen Thousand Four Hundred Seventy-Six Only

IMANUVEL
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 03/01/2024 | MMH/CM/RECAP2024000 | CASH | Advance Amount | 5,000.00 |
| 2 | 06/01/2024 | MMH/CM/RECB2024000 | CARD | Collected Amount | 13,476.00 |