

IN PATIENT SUMMARY BILL

UHID : MHC202400915

IP No : IPC2024000050

Patient name : Mr.BASHA GW

Age : 65 Y 0 M 3 D/Male

Bill No : MMH/CM/IP202400055

Bill Date : 09/01/2024

DOA : 6/1/2024 1:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI (ANESTH)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 11,550.00
3	EQUIPMENT	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 3,000.00
6	LABORATORY	₹ 7,134.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 750.00
9	PROFESSIONAL TEAM FEES	₹ 3,000.00
10	RADIOLOGY	₹ 1,800.00
Gross Amount		₹ 28,784.00
Net Payable		₹ 28,784.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 18,784.00

Received Amount in Words : Twenty-Eight Thousand Seven Hundred Eighty-Four Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	10,000.00
2	09/01/2024	MMH/CM/RECB202401	CARD	Collected Amount	18,784.00