

IN PATIENT SUMMARY BILL

UHID : MHC202400991

IP No : IPC2024000051

Patient name : Mrs.SARASWATHI

Age : 80 Y 0 M 0 D/Female

Consultant Name : Dr.ARTHI (ANESTH)

Bill No : MMH/CM/IP202400034

Bill Date : 06/01/2024

DOA : 6/1/2024 5:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 600.00
3	LABORATORY	₹ 100.00
4	TRANSPORT	₹ 1,400.00
Gross Amount		₹ 2,350.00
Net Payable		₹ 2,350.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 2,650.00

Received Amount in Words : Five Thousand 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	CASH	Advance Amount	5,000.00