

IN PATIENT SUMMARY BILL

UHID : MHC202401055

IP No : IPC2024000108

Patient name : Mrs.JEEVITHA

Age : 39 Y 0 M 6 D/Female

Bill No : MMH/CM/IP202400095

Bill Date : 13/01/2024

DOA : 13/1/2024 10:07AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SASIKALA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 925.00
3	GENERAL PROCEDURE	₹ 80.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 150.00
7	OPERATION THEATRE CHARGES	₹ 3,000.00
8	PROFESSIONAL TEAM FEES	₹ 7,000.00
Gross Amount		₹ 11,705.00
Net Payable		₹ 11,705.00
Received Amount		₹ 11,705.00

Received Amount in Words : Eleven Thousand Seven Hundred Five Only

BANUPRIYA.A

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/01/2024	MMH/CM/RECB2024021	CASH	Collected Amount	11,705.00