

IN PATIENT SUMMARY BILL

UHID : MHC202401124

IP No : IPC2024000055

Patient name : Mrs.JAYAMALINI S

Age : 47 Y 0 M 2 D/Female

Bill No : MMH/CM/IP202400053

Bill Date : 09/01/2024

DOA : 7/1/2024 2:02PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI (ANESTH)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 5,500.00
3	INFECTION CONTROL	₹ 100.00
4	INTENSIVIST CHARGES	₹ 2,000.00
5	LABORATORY	₹ 3,918.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 500.00
8	PROFESSIONAL TEAM FEES	₹ 1,200.00
9	RADIOLOGY	₹ 1,960.00
Gross Amount		₹ 15,628.00
Net Payable		₹ 15,628.00
Advance Amount		₹ 8,000.00
Received Amount		₹ 7,628.00

Received Amount in Words : Fifteen Thousand Six Hundred Twenty-Eight Only

BANUPRIYA.A
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	8,000.00
2	09/01/2024	MMH/CM/RECBD202401	CASH	Collected Amount	7,628.00