

IN PATIENT SUMMARY BILL

UHID : MHC202401157

IP No : IPC2024000109

Patient name : Baby.RASHIKA .S

Age : 5 Y 0 M 8 D/Female

Bill No : MMH/CM/IP202400111

Bill Date : 15/01/2024

DOA : 13/1/2024 1:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVINDH RAJHA P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 500.00
7	PROFESSIONAL TEAM FEES	₹ 2,250.00
Gross Amount		₹ 8,000.00
Net Payable		₹ 8,000.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,000.00

Received Amount in Words : Eight Thousand Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	5,000.00
2	15/01/2024	MMH/CM/RECB2024002	CASH	Collected Amount	3,000.00