

IN PATIENT SUMMARY BILL

UHID : MHC202401163

IP No : IPC2024000059

Patient name : Mr.SALAMATH

Age : 28 Y 0 M 4 D/Male

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202400068

Bill Date : 11/01/2024

DOA : 7/1/2024 7:29PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 6,000.00
3	INFECTION CONTROL	₹ 100.00
4	INTENSIVIST CHARGES	₹ 4,000.00
5	LABORATORY	₹ 3,240.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 1,800.00
9	RADIOLOGY	₹ 1,850.00
Gross Amount		₹ 18,440.00
Net Payable		₹ 18,440.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 13,440.00

Received Amount in Words : Eighteen Thousand Four Hundred Forty Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	5,000.00
2	11/01/2024	MMH/CM/RECB2024011	CASH	Collected Amount	13,440.00