

IN PATIENT SUMMARY BILL

UHID : MHC202401165

IP No : IPC2024000057

Patient name : Ms.ASHWINI CHAUDHRY

Age : 26 Y 0 M 2 D/Female

Bill No : MMH/CM/IP202400054

Bill Date : 09/01/2024

DOA : 7/1/2024 6:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI (ANESTH)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 3,050.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 500.00
8	PROFESSIONAL TEAM FEES	₹ 1,800.00
9	RADIOLOGY	₹ 550.00
Gross Amount		₹ 10,450.00
Net Payable		₹ 10,450.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 7,450.00

Received Amount in Words : Ten Thousand Four Hundred Fifty Only

IMANUVEL

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	3,000.00
2	09/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	7,450.00