

IN PATIENT SUMMARY BILL

UHID : MHC202401246

IP No : IPC2024000065

Patient name : Mrs.NIVETHA S

Age : 24 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400052

Bill Date : 09/01/2024

DOA : 8/1/2024 3:08PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VALLIAMMAL K(DGO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 200.00
4	GENERAL PROCEDURE	₹ 80.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 220.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 150.00
9	OPERATION THEATRE CHARGES	₹ 3,000.00
10	PROFESSIONAL TEAM FEES	₹ 7,500.00
Gross Amount		₹ 13,200.00
Net Payable		₹ 13,200.00
Received Amount		₹ 13,200.00

Received Amount in Words : Thirteen Thousand Two Hundred Only

MARAN.R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	13,200.00