

IN PATIENT SUMMARY BILL

UHID : MHC202401300

IP No : IPC2024000066

Patient name : Mr.DHAYALAN

Age : 81 Y 0 M 1 D/Male

Consultant Name : Dr.ARTHI (ANESTH)

Bill No : MMH/CM/IP202400056

Bill Date : 09/01/2024

DOA : 8/1/2024 8:11PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,500.00
3	EQUIPMENT	₹ 200.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 1,000.00
6	LABORATORY	₹ 1,300.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 250.00
9	PROFESSIONAL TEAM FEES	₹ 1,200.00
10	RADIOLOGY	₹ 750.00
Gross Amount		₹ 6,750.00
Net Payable		₹ 6,750.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 3,750.00

Received Amount in Words : Six Thousand Seven Hundred Fifty Only

IMANUVEL  
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	3,000.00
2	09/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	3,750.00