

IN PATIENT SUMMARY BILL

UHID : MHC202401339

IP No : IPC2024000070

Patient name : Mr.VADIVEL.M

Age : 55 Y 0 M 1 D/Male

Consultant Name : Dr.SANKARLINGAM

Bill No : MMH/CM/IP202400061

Bill Date : 10/01/2024

DOA : 9/1/2024 7:55AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,000.00
3	EQUIPMENT	₹ 1,300.00
4	GENERAL PROCEDURE	₹ 1,500.00
5	INFECTION CONTROL	₹ 100.00
6	INTENSIVIST CHARGES	₹ 1,000.00
7	LABORATORY	₹ 5,922.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 250.00
10	PROFESSIONAL TEAM FEES	₹ 2,000.00
11	RADIOLOGY	₹ 1,200.00
12	TRANSPORT	₹ 6,500.00
13	ULTRASOUND	₹ 1,700.00
Gross Amount		₹ 25,922.00
Net Payable		₹ 25,922.00
Received Amount		₹ 25,922.00

Received Amount in Words : Twenty-Five Thousand Nine Hundred
Twenty-Two Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	25,922.00