

IN PATIENT SUMMARY BILL

UHID : MHC202401348

IP No : IPC2024000071

Patient name : Mr.SATHISH

Age : 42 Y 0 M 2 D/Male

Consultant Name : Dr.SANKARLINGAM

Bill No : MMH/CM/IP202400075

Bill Date : 11/01/2024

DOA : 9/1/2024 9:17AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,250.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,955.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 625.00
8	PROFESSIONAL TEAM FEES	₹ 3,900.00
9	RADIOLOGY	₹ 550.00
Gross Amount		₹ 13,080.00
Net Payable		₹ 13,080.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 10,080.00

Received Amount in Words : Thirteen Thousand Eighty Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	3,000.00
2	11/01/2024	MMH/CM/RECB2024010	CARD	Collected Amount	10,080.00