

IN PATIENT SUMMARY BILL

UHID : MHC202401368

IP No : IPC2024000072

Patient name : Baby.BHAVANIKA

Age : 1 Y 7 M 3 D/Female

Bill No : MMH/CM/IP202400071

Bill Date : 11/01/2024

DOA : 9/1/2024 11:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVINDH RAJHA P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,250.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,220.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 625.00
8	PROFESSIONAL TEAM FEES	₹ 2,250.00
9	RADIOLOGY	₹ 1,300.00
Gross Amount		₹ 10,195.00
Net Payable		₹ 10,195.00
Received Amount		₹ 10,195.00

Received Amount in Words : Ten Thousand One Hundred Ninety-Five Only

IMANUVEL

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/01/2024	MMH/CM/RECB202401	CASH	Collected Amount	10,195.00