

IN PATIENT SUMMARY BILL

UHID : MHC202401386

IP No : IPC2024000073

Patient name : Mrs.SIVAKAMI

Age : 36 Y 0 M 1 D/Female

Consultant Name : Dr.SASIKALA(DGO)

Bill No : MMH/CM/IP202400059

Bill Date : 10/01/2024

DOA : 9/1/2024 12:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
4	INFECTION CONTROL	₹ 100.00
5	MEDICAL RECORD CHARGE	₹ 200.00
6	NURSING CHARGE	₹ 250.00
Gross Amount		₹ 2,800.00
Net Payable		₹ 2,800.00
Received Amount		₹ 2,800.00

Received Amount in Words : Two Thousand Eight Hundred Only

BANUPRIYA.A

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	2,800.00