

IN PATIENT SUMMARY BILL

UHID : MHC202401416

IP No : IPC2024000092

Patient name : Mrs.SUSEELA .R

Age : 60 Y 0 M 4 D/Female

Bill No : MMH/CM/IP202400093

Bill Date : 13/01/2024

DOA : 11/1/2024 11:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHEETAL

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
4	GENERAL PROCEDURE	₹ 230.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 2,678.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 500.00
9	OPERATION THEATRE CHARGES	₹ 17,000.00
10	PROFESSIONAL TEAM FEES	₹ 54,700.00
11	RADIOLOGY	₹ 660.00
12	ULTRASOUND	₹ 1,700.00
Gross Amount		₹ 82,718.00
Net Payable		₹ 82,718.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 77,718.00

Received Amount in Words : Eighty-Two Thousand Seven Hundred Eighteen Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	5,000.00
2	13/01/2024	MMH/CM/RECB2024020	CASH	Collected Amount	77,718.00