

IN PATIENT SUMMARY BILL

UHID : MHC202401438

IP No : IPC2024000094

Patient name : Mrs.JOTHI K

Age : 63 Y 0 M 4 D/Female

Bill No : MMH/CM/IP202400092

Bill Date : 13/01/2024

DOA : 11/1/2024 1:42PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
4	EQUIPMENT	₹ 1,000.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 2,250.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 500.00
9	PROFESSIONAL TEAM FEES	₹ 2,400.00
10	RADIOLOGY	₹ 550.00
Gross Amount		₹ 11,250.00
Net Payable		₹ 11,250.00
Received Amount		₹ 11,250.00

Received Amount in Words : Eleven Thousand Two Hundred Fifty Only

MARAN.R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/01/2024	MMH/CM/RECB202402	UPI	Collected Amount	4,000.00
2	13/01/2024	MMH/CM/RECB202402	CASH	Collected Amount	7,250.00