

IN PATIENT SUMMARY BILL

UHID : MHC202401538

IP No : IPC2024000080

Patient name : Mrs.AMMU K

Age : 37 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400077

Bill Date : 11/01/2024

DOA : 10/1/2024 10:03AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 2,250.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 2,450.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 375.00
8	PROFESSIONAL TEAM FEES	₹ 1,200.00
9	RADIOLOGY	₹ 550.00
Gross Amount		₹ 8,125.00
Net Payable		₹ 8,125.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 5,125.00

Received Amount in Words : Eight Thousand One Hundred Twenty-Five Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/CM/RECAP2024000	UPI	Advance Amount	3,000.00
2	11/01/2024	MMH/CM/RECB202401	UPI	Collected Amount	5,125.00