IN PATIENT SUMMARY BILL

UHID : MHC202401546 Bill No : MMH/CM/IP202400074

IP No : IPC2024000081 Bill Date : 11/01/2024

Patient name Mr.SAMPATH K DOA : 10/1/2024 10:39AM

Age : 58 Y 0 M 1 D/Male DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	250.00
2	BED CHARGES		₹	8,550.00
3	EQUIPMENT		₹	1,500.00
4	INFECTION CONTROL		₹	100.00
5	INTENSIVIST CHARGES		₹	1,500.00
6	LABORATORY		₹	4,704.00
7	MEDICAL RECORD CHARGE		₹	200.00
8	NURSING CHARGE		₹	375.00
9	PROFESSIONAL TEAM FEES		₹	2,600.00
10	RADIOLOGY		₹	2,460.00
11	ULTRASOUND		₹	1,700.00
		Gross Amount	₹	23,939.00

 Gross Amount
 ₹
 23,939.00

 Net Payable
 ₹
 23,939.00

 Advance Amount
 ₹
 5,000.00

 Received Amount
 ₹
 18,939.00

Received Amount in Words : Twenty-Three Thousand Nine Hundred IMANUVEL

Thirty-Nine Only 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	5,000.00
2	11/01/2024	MMH/CM/RECBD202401	UPI	Collected Amount	18,939.00