

IN PATIENT SUMMARY BILL

UHID : MHC202401565

IP No : IPC2024000083

Patient name : Mrs.BANU PRIYA S

Age : 28 Y 0 M 0 D/Female

Bill No : MMH/CM/IP202400063

Bill Date : 10/01/2024

DOA : 10/1/2024 12:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.MALINI(DGO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 925.00
3	GENERAL PROCEDURE	₹ 80.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 264.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 150.00
8	OTHERS	₹ 3,000.00
9	RADIOLOGY	₹ 1,560.00
Gross Amount		₹ 6,529.00
Net Payable		₹ 6,529.00
Received Amount		₹ 6,529.00

Received Amount in Words : Six Thousand Five Hundred Twenty-Nine Only

IMANUVEL

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	6,529.00