

IN PATIENT SUMMARY BILL

UHID : MHC202401568

IP No : IPC2024000084

Patient name : Mrs.LATHA

Age : 40 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400067

Bill Date : 11/01/2024

DOA : 10/1/2024 12:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

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

Received Amount in Words : Five Thousand Four Hundred 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/RECB202401	CASH	Collected Amount	5,400.00