

IN PATIENT SUMMARY BILL

UHID : MHC202401574

IP No : IPC2024000085

Patient name : Mr.JANAKIRAMAN K

Age : 74 Y 0 M 4 D/Male

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202400103

Bill Date : 14/01/2024

DOA : 10/1/2024 12:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 1,850.00
2	ADMINISTRATION CHARGES	₹ 250.00
3	BED CHARGES	₹ 22,800.00
4	EQUIPMENT	₹ 44,450.00
5	INFECTION CONTROL	₹ 100.00
6	INTENSIVIST CHARGES	₹ 4,000.00
7	LABORATORY	₹ 14,070.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,000.00
10	PHYSIOTHERAPY	₹ 450.00
11	PROFESSIONAL TEAM FEES	₹ 7,600.00
12	RADIOLOGY	₹ 3,360.00
13	ULTRASOUND	₹ 1,700.00
Gross Amount		₹ 101,830.00
Net Payable		₹ 101,830.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 81,830.00

Received Amount in Words : One Lakh One Thousand Eight Hundred Thirty Only

MARAN.R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	10,000.00
2	11/01/2024	MMH/CM/RECAP2024000	CARD	Advance Amount	10,000.00
3	14/01/2024	MMH/CM/RECBD202402	CARD	Collected Amount	81,830.00