

IN PATIENT SUMMARY BILL

UHID : MHC202401658

IP No : IPC2024000089

Patient name : Mrs.NARMATHA

Age : 25 Y 0 M 0 D/Female

Bill No : MMH/CM/IP202400079

Bill Date : 11/01/2024

DOA : 11/1/2024 12:22AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

| S.No | Description | Amount |
|-----------------|-----------------------------|------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 1,850.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 500.00 |
| 4 | INFECTION CONTROL | ₹ 100.00 |
| 5 | LABORATORY | ₹ 1,668.00 |
| 6 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 7 | NURSING CHARGE | ₹ 250.00 |
| 8 | PROFESSIONAL TEAM FEES | ₹ 1,300.00 |
| 9 | RADIOLOGY | ₹ 240.00 |
| Gross Amount | | ₹ 6,358.00 |
| Net Payable | | ₹ 6,358.00 |
| Received Amount | | ₹ 6,358.00 |

Received Amount in Words : Six Thousand Three Hundred Fifty-Eight Only

IMANUVEL

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 | 6,358.00 |