

IN PATIENT SUMMARY BILL

UHID : MHC202401724

IP No : IPC2024000097

Patient name : Mr.KRISHNA RAJ

Age : 63 Y 0 M 3 D/Male

Bill No : MMH/CM/IP202400106

Bill Date : 14/01/2024

DOA : 11/1/2024 4:13PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVIND KUMAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,615.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 750.00
8	PROFESSIONAL TEAM FEES	₹ 3,200.00
9	RADIOLOGY	₹ 1,500.00
10	TRANSPORT	₹ 600.00
Gross Amount		₹ 14,215.00
Net Payable		₹ 14,215.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 11,215.00

Received Amount in Words : Fourteen Thousand Two Hundred Fifteen Only

BANUPRIYA.A

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	3,000.00
2	14/01/2024	MMH/CM/RECBBD202402	UPI	Collected Amount	10,000.00
3	14/01/2024	MMH/CM/RECBBD202402	CASH	Collected Amount	1,215.00