

IN PATIENT SUMMARY BILL

UHID : MHC202401836

IP No : IPC2024000100

Patient name : Mrs.KELASH G

Age : 25 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400094

Bill Date : 13/01/2024

DOA : 12/1/2024 9:40AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

| S.No | Description | Amount |
|-----------------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 6,000.00 |
| 3 | EQUIPMENT | ₹ 1,000.00 |
| 4 | INFECTION CONTROL | ₹ 100.00 |
| 5 | INTENSIVIST CHARGES | ₹ 1,500.00 |
| 6 | LABORATORY | ₹ 2,424.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 375.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 1,800.00 |
| 10 | RADIOLOGY | ₹ 660.00 |
| Gross Amount | | ₹ 14,309.00 |
| Net Payable | | ₹ 14,309.00 |
| Received Amount | | ₹ 14,309.00 |

Received Amount in Words : Fourteen Thousand Three Hundred Nine Only

MARAN.R

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------------|--------------|------------------|-----------------|
| 1 | 13/01/2024 | MMH/CM/RECB2024021 | UPI | Collected Amount | 14,309.00 |