

IN PATIENT SUMMARY BILL

UHID : MHC202401840

IP No : IPC2024000101

Patient name : Mrs.KALAIVANI T

Age : 47 Y 0 M 2 D/Female

Bill No : MMH/CM/IP202400101

Bill Date : 14/01/2024

DOA : 12/1/2024 10:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.CHRISTINA RAJKUMAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 4,625.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
4	GENERAL PROCEDURE	₹ 80.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 2,544.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 375.00
9	OPERATION THEATRE CHARGES	₹ 3,000.00
10	PROFESSIONAL TEAM FEES	₹ 17,200.00
11	RADIOLOGY	₹ 660.00
12	ULTRASOUND	₹ 1,700.00
Gross Amount		₹ 31,234.00
Net Payable		₹ 31,234.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 26,234.00

Received Amount in Words : Thirty-One Thousand Two Hundred
Thirty-Four Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/01/2024	MMH/CM/RECAP2024000	CASH	Advance Amount	5,000.00
2	14/01/2024	MMH/CM/RECBD202402	CASH	Collected Amount	26,234.00