

IN PATIENT SUMMARY BILL

UHID : MHC202401841

IP No : IPC2024000102

Patient name : Child.SHIVANYASHREE V

Age : 4 Y 1 M 29 D/Female

Bill No : MMH/CM/IP202400105

Bill Date : 14/01/2024

DOA : 12/1/2024 10:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVINDH RAJHA P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,250.00
4	EQUIPMENT	₹ 500.00
5	INFECTION CONTROL	₹ 100.00
6	LABORATORY	₹ 1,600.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 625.00
9	PROFESSIONAL TEAM FEES	₹ 2,250.00
Gross Amount		₹ 9,775.00
Net Payable		₹ 9,775.00
Received Amount		₹ 9,775.00

Received Amount in Words : Nine Thousand Seven Hundred Seventy-Five Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/01/2024	MMH/CM/RECB202402	CASH	Collected Amount	9,775.00