

IN PATIENT SUMMARY BILL

UHID : MHC202401868

IP No : IPC2024000104

Patient name : Mr.KIRAN

Age : 24 Y 0 M 2 D/Male

Bill No : MMH/CM/IP202400108

Bill Date : 14/01/2024

DOA : 12/1/2024 2:16PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARTHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 3,000.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
4	INFECTION CONTROL	₹ 100.00
5	LABORATORY	₹ 1,990.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 500.00
8	OPERATION THEATRE CHARGES	₹ 10,000.00
9	PROFESSIONAL TEAM FEES	₹ 27,500.00
10	RADIOLOGY	₹ 900.00
Gross Amount		₹ 45,440.00
Net Payable		₹ 45,440.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 42,440.00

Received Amount in Words : Forty-Five Thousand Four Hundred Forty Only

BANUPRIYA.A

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	3,000.00
2	14/01/2024	MMH/CM/RECBD202402	CASH	Collected Amount	42,440.00