

IN PATIENT SUMMARY BILL

UHID : MHC202401940

IP No : IPC2024000105

Patient name : Mrs.DIVYA.M

Age : 36 Y 0 M 1 D/Female

Bill No : MMH/CM/IP202400091

Bill Date : 13/01/2024

DOA : 12/1/2024 9:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VALLIAMMAL K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 200.00
4	EQUIPMENT	₹ 3,000.00
5	GENERAL PROCEDURE	₹ 80.00
6	INFECTION CONTROL	₹ 100.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 150.00
9	OPERATION THEATRE CHARGES	₹ 7,500.00
10	PROFESSIONAL TEAM FEES	₹ 17,000.00
11	RADIOLOGY	₹ 240.00
Gross Amount		₹ 30,570.00
Net Payable		₹ 30,570.00
Received Amount		₹ 30,570.00

Received Amount in Words : Thirty Thousand Five Hundred Seventy 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	30,570.00