

IN PATIENT SUMMARY BILL

UHID : MHC202402215

IP No : IPC2024000122

Patient name : Mrs.GOVINDAMMAL D

Age : 75 Y 0 M 1 D/Female

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202400110

Bill Date : 15/01/2024

DOA : 14/1/2024 7:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 1,500.00
3	INFECTION CONTROL	₹ 100.00
4	INTENSIVIST CHARGES	₹ 1,000.00
5	LABORATORY	₹ 3,420.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 250.00
8	RADIOLOGY	₹ 550.00
Gross Amount		₹ 7,270.00
Net Payable		₹ 7,270.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 2,270.00

Received Amount in Words : Seven Thousand Two Hundred Seventy 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/RECAP2024001	CASH	Advance Amount	5,000.00
2	15/01/2024	MMH/CM/RECBD202402	CASH	Collected Amount	2,270.00