

IN PATIENT SUMMARY BILL

UHID : MHC202402250 Bill No : MMH/CM/IP202400109
 IP No : IPC2024000124 Bill Date : 15/01/2024
 Patient name : Mrs.KAVITHA DOA : 15/1/2024 1:37AM
 Age : 45 Y 0 M 0 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.ARTHI

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 750.00
3	INFECTION CONTROL	₹ 100.00
4	INTENSIVIST CHARGES	₹ 500.00
5	LABORATORY	₹ 770.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 250.00
8	RADIOLOGY	₹ 350.00
Gross Amount		₹ 3,170.00
Net Payable		₹ 3,170.00
Received Amount		₹ 3,170.00

Received Amount in Words : Three Thousand One Hundred Seventy Only

MARAN.R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/01/2024	MMH/CM/RECBD202402	CARD	Collected Amount	3,170.00