

IN PATIENT SUMMARY BILL

UHID : MHC202468270

IP No : IPC2024001834

Patient name : Mr.GOPINATH

Age : 47 Y 0 M 12 D/Male

Consultant Name : Dr.SANKARLINGAM

Bill No : MMH/CM/IP202401891

Bill Date : 08/07/2024

DOA : 5/7/2024 1:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 250.00 |
| 2 | BED CHARGES | ₹ 6,475.00 |
| 3 | DIET CHARGES | ₹ 300.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,750.00 |
| 5 | GENERAL PROCEDURE | ₹ 600.00 |
| 6 | INFECTION CONTROL | ₹ 100.00 |
| 7 | LABORATORY | ₹ 2,710.00 |
| 8 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 9 | NURSING CHARGE | ₹ 875.00 |
| 10 | RADIOLOGY | ₹ 240.00 |
| Gross Amount | | ₹ 13,500.00 |
| Net Payable | | ₹ 13,500.00 |
| Advance Amount | | ₹ 5,000.00 |
| Received Amount | | ₹ 8,500.00 |

Received Amount in Words : Thirteen Thousand Five Hundred Only

IMANUVEL
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|-----------------------|--------------|------------------|-----------------|
| 1 | 7/5/2024 | MMH/CM/RECAP202401406 | CASH | Advance Amount | 5,000.00 |
| 2 | 7/8/2024 | MMH/CM/RECBD202432644 | UPI | Collected Amount | 8,500.00 |