

IN PATIENT SUMMARY BILL

UHID : MHC202467458

IP No : IPC2024001744

Patient name : Ms.JANANI

Age : 27 Y 0 M 2 D/Female

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202401731

Bill Date : 27/06/2024

DOA : 25/6/2024 11:46AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 250.00
2	BED CHARGES	₹ 6,075.00
3	DIET CHARGES	₹ 300.00
4	INFECTION CONTROL	₹ 100.00
5	INTENSIVIST CHARGES	₹ 2,500.00
6	LABORATORY	₹ 4,362.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 625.00
9	PROFESSIONAL TEAM FEES	₹ 3,550.00
10	RADIOLOGY	₹ 4,020.00
Gross Amount		₹ 21,982.00
Discount Amount		₹ 2,500.00
Net Payable		₹ 19,482.00
Advance Amount		₹ 14,000.00
Received Amount		₹ 5,482.00

Received Amount in Words : Nineteen Thousand Four Hundred Eighty-Two Only

MARAN.R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/26/2024	MMH/CM/RECAP202401338	UPI	Advance Amount	14,000.00
2	6/27/2024	MMH/CM/RECBD202429003	CASH	Collected Amount	5,482.00