

IN PATIENT SUMMARY BILL

UHID : MHC202472493

IP No : IPC2024002346

Patient name : Child.JONISHA PEARL .S

Age : 4 Y 0 M 2 D/Female

Consultant Name : Dr.HUMAYOON

Bill No : MMH/CM/IP202402310

Bill Date : 30/08/2024

DOA : 29/8/2024 12:21PM

DOD : 30/8/2024 6:06PM

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 4,350.00
2	DIET CHARGES	₹ 300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INFECTION CONTROL	₹ 100.00
5	IP REGISTRATION	₹ 250.00
6	LABORATORY	₹ 2,740.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 375.00
9	RADIOLOGY	₹ 420.00
Gross Amount		₹ 9,485.00
Discount Amount		₹ 1,485.00
Net Payable		₹ 8,000.00
Received Amount		₹ 8,000.00

Received Amount in Words : Eight Thousand Only

IMANUVEL
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/30/2024	MMH/CM/RECBBD202440492	CARD	Collected Amount	1,000.00
2	8/30/2024	MMH/CM/RECBBD202440493	CASH	Collected Amount	7,000.00