

IN PATIENT SUMMARY BILL

UHID : MHC202474935

IP No : IPC2024002685

Patient name : Mrs.SUNDHARI

Age : 78 Y 0 M 0 D/Female

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202402647

Bill Date : 28/09/2024

DOA : 28/9/2024 9:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No            | Description            | Amount     |
|-----------------|------------------------|------------|
| 1               | BED CHARGES            | ₹ 2,450.00 |
| 2               | EQUIPMENT              | ₹ 3,350.00 |
| 3               | INFECTION CONTROL      | ₹ 100.00   |
| 4               | INTENSIVIST CHARGES    | ₹ 500.00   |
| 5               | IP REGISTRATION        | ₹ 250.00   |
| 6               | LABORATORY             | ₹ 870.00   |
| 7               | MEDICAL RECORD CHARGE  | ₹ 200.00   |
| 8               | NURSING CHARGE         | ₹ 250.00   |
| 9               | PROFESSIONAL TEAM FEES | ₹ 500.00   |
| 10              | RADIOLOGY              | ₹ 420.00   |
| 11              | TRANSPORT              | ₹ 600.00   |
| Gross Amount    |                        | ₹ 9,490.00 |
| Discount Amount |                        | ₹ 500.00   |
| Net Payable     |                        | ₹ 8,990.00 |
| Received Amount |                        | ₹ 8,990.00 |

Received Amount in Words : Eight Thousand Nine Hundred Ninety Only

IMANUVEL  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code           | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|------------------------|--------------|------------------|-----------------|
| 1    | 9/28/2024    | MMH/CM/RECBBD202445579 | CARD         | Collected Amount | 2,990.00        |
| 2    | 9/28/2024    | MMH/CM/RECBBD202445580 | CASH         | Collected Amount | 6,000.00        |