

IN PATIENT SUMMARY BILL

UHID : MHC202474252

IP No : IPC2024002691

Patient name : Mrs.ASFIYA

Age : 53 Y 0 M 13 D/Female

Bill No : MMH/CM/IP202402692

Bill Date : 02/10/2024

DOA : 28/9/2024 10:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VALLIAMMAL K

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | BED CHARGES | ₹ 9,500.00 |
| 2 | DIET CHARGES | ₹ 300.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 800.00 |
| 4 | INFECTION CONTROL | ₹ 100.00 |
| 5 | IP REGISTRATION | ₹ 250.00 |
| 6 | LABORATORY | ₹ 3,504.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 600.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 17,500.00 |
| 10 | PHYSIOTHERAPY | ₹ 1,350.00 |
| 11 | PROCEDURE CHARGES | ₹ 230.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 44,900.00 |
| 13 | RADIOLOGY | ₹ 420.00 |
| Gross Amount | | ₹ 79,654.00 |
| Discount Amount | | ₹ 500.00 |
| Net Payable | | ₹ 79,154.00 |
| Advance Amount | | ₹ 20,000.00 |
| Received Amount | | ₹ 59,154.00 |

Received Amount in Words : Seventy-Nine Thousand One Hundred Fifty-Four Only

IMANUVEL
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------------|--------------|------------------|-----------------|
| 1 | 10/2/2024 | MMH/CM/RECBBD202446167 | UPI | Collected Amount | 38,154.00 |
| 2 | 9/30/2024 | MMH/CM/RECAP202402076 | CASH | Advance Amount | 20,000.00 |
| 3 | 10/2/2024 | MMH/CM/RECBBD202446168 | CASH | Collected Amount | 21,000.00 |