

IN PATIENT SUMMARY BILL

UHID : MHC202475367

IP No : IPC2024002762

Patient name : Mrs.REKHA

Age : 49 Y 0 M 3 D/Female

Consultant Name : Dr.ARTHI

Bill No : MMH/CM/IP202402728

Bill Date : 06/10/2024

DOA : 5/10/2024 12:37PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 2,900.00
2	DIET CHARGES	₹ 300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 500.00
4	INFECTION CONTROL	₹ 100.00
5	IP REGISTRATION	₹ 250.00
6	LABORATORY	₹ 5,178.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 250.00
9	PROFESSIONAL TEAM FEES	₹ 1,200.00
10	RADIOLOGY	₹ 660.00
Gross Amount		₹ 11,538.00
Discount Amount		₹ 800.00
Net Payable		₹ 10,738.00
Received Amount		₹ 10,738.00

Received Amount in Words : Ten Thousand Seven Hundred Thirty-Eight Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/6/2024	MMH/CM/RECBBD202446793	UPI	Collected Amount	10,738.00