

IN PATIENT SUMMARY BILL

UHID : MHC202476219

IP No : IPC2024002855

Patient name : Baby.PRIYADHARSHINI

Age : 2 Y 0 M 2 D/Female

Consultant Name : Dr.ARAVINDH RAJHA P.S

Bill No : MMH/CM/IP202402828

Bill Date : 16/10/2024

DOA : 14/10/2024 6:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	BED CHARGES	₹ 3,700.00
2	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
3	EQUIPMENT	₹ 400.00
4	INFECTION CONTROL	₹ 100.00
5	IP REGISTRATION	₹ 250.00
6	LABORATORY	₹ 1,920.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 500.00
9	RADIOLOGY	₹ 420.00
Gross Amount		₹ 8,490.00
Discount Amount		₹ 1,500.00
Net Payable		₹ 6,990.00
Advance Amount		₹ 6,990.00
Received Amount		₹ 0.00

Received Amount in Words : Six Thousand Nine Hundred Ninety Only

MARAN.R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/16/2024	MMH/CM/RECAP202402186	CARD	Advance Amount	6,990.00