

IN PATIENT SUMMARY BILL

UHID : MH42120

IP No : IPH2024000409

Patient name : Ms.JAYALAKSHMI A

Age : 76 Y 0 M 11 D/Female

Bill No : MMH/HM/IPH202400395

Bill Date : 21/02/2024

DOA : 21/2/2024 3:38AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 7,500.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 1,300.00
5	EQUIPMENT	₹ 7,500.00
6	GENERAL PROCEDURE	₹ 36,400.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 32,042.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,000.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 28,542.00
13	PROFESSIONAL TEAM FEES	₹ 12,000.00
14	RADIOLOGY	₹ 1,950.00
Gross Amount		₹ 133,684.00
Net Payable		₹ 133,684.00
Advance Amount		₹ 133,684.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Three Thousand Six Hundred Eighty-Four Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	50,000.00
2	21/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	83,684.00