

IN PATIENT SUMMARY BILL

UHID : MH44216

IP No : IPH2024000778

Patient name : Mrs.SAIRAA RAHMAN

Age : 50 Y 0 M 3 D/Female

Bill No : MMH/HM/IPH202400774

Bill Date : 03/04/2024

DOA : 1/4/2024 9:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 29,000.00
3	CASUALTY	₹ 1,000.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	GENERAL PROCEDURE	₹ 750.00
7	LABORATORY	₹ 516.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	OTHERS	₹ 3,000.00
12	PHARMACY CHARGE	₹ 22,511.00
13	PROFESSIONAL TEAM FEES	₹ 20,000.00
Tax Amount : 1,450.00		
Gross Amount		₹ 83,877.00
Net Payable		₹ 83,877.00
Received Amount		₹ 0.00
Amount Payable		₹ 83,877.00

Received Amount in Words : Zero Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					