

IN PATIENT SUMMARY BILL

UHID : MH46225

IP No : IPH2024000668

Patient name : Ms.SARADHA GOPALAKRISHNAN

Age : 74/Female

Bill No : MMH/HM/IPH202400659

Bill Date : 21/03/2024

DOA : 19/3/2024 10:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 12,450.00
3	DIET CHARGES	₹ 3,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 12,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 4,825.50
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 8,038.00
13	PROFESSIONAL TEAM FEES	₹ 6,000.00
14	RADIOLOGY	₹ 1,150.00
Gross Amount		₹ 55,113.50
Net Payable		₹ 55,114.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 5,114.00

Received Amount in Words : Fifty-Five Thousand One Hundred Fourteen Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	50,000.00
2	21/03/2024	MMH/HM/RECB202405	CARD	Collected Amount	5,114.00