

IN PATIENT SUMMARY BILL

UHID : MHI202370282

IP No : IPH2024000435

Patient name : Mr.PERUMAL S

Age : 72 Y 8 M 9 D/Male

Bill No : MMH/HM/IPH202400430

Bill Date : 24/02/2024

DOA : 22/2/2024 8:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 3,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 12,000.00
6	GENERAL PROCEDURE	₹ 1,500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 1,786.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PROFESSIONAL TEAM FEES	₹ 18,500.00
13	RADIOLOGY	₹ 1,150.00
Gross Amount		₹ 55,636.00
Net Payable		₹ 55,636.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 15,636.00

Received Amount in Words : Fifty-Five Thousand Six Hundred Thirty-Six Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	40,000.00
2	24/02/2024	MMH/HM/RECB202403	CARD	Collected Amount	15,636.00