

IN PATIENT SUMMARY BILL

UHID : MHI202370728

IP No : IPH2024000090

Patient name : Mr.KARUNAKARAN D

Age : 54/Male

Bill No : MMH/HM/IPH202400111

Bill Date : 17/01/2024

DOA : 10/1/2024 9:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 20,500.00
3	DIET CHARGES	₹ 4,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 1,500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 5,578.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 6,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 13,758.00
13	PROFESSIONAL FEES	₹ 1,500.00
14	PROFESSIONAL TEAM FEES	₹ 6,364.00
15	RADIOLOGY	₹ 4,950.00
16	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 77,000.00
Net Payable		₹ 77,000.00
Advance Amount		₹ 78,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,000.00

Received Amount in Words : Seventy-Eight Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	20,000.00
2	14/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	15,000.00
3	14/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	43,000.00