

IN PATIENT SUMMARY BILL

UHID : MHI202371427

IP No : IPH2024000724

Patient name : Mr.RAJAGOPAL.T

Age : 62/Male

Bill No : MMH/HM/IPH202400702

Bill Date : 27/03/2024

DOA : 27/3/2024 9:08AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	BED CHARGES	₹ 4,950.00
2	CARDIOLOGY PACKAGE-HEART	₹ 9,159.00
3	DIET CHARGES	₹ 500.00
4	LABORATORY	₹ 158.00
5	NURSING CHARGE	₹ 800.00
6	OP REGISTRATION	₹ 150.00
7	PHARMACY CHARGE	₹ 6,841.00
Gross Amount		₹ 22,558.00
Net Payable		₹ 22,558.00
Advance Amount		₹ 22,550.00
Received Amount		₹ 8.00

Received Amount in Words : Twenty-Two Thousand Five Hundred Fifty-Eight Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/03/2024	MMH/HM/RECAP2024008	CASH	Advance Amount	22,550.00
2	27/03/2024	MMH/HM/RECBBD202406	CASH	Collected Amount	8.00