

IN PATIENT SUMMARY BILL

UHID : MHI202372447

IP No : IPH2024000070

Patient name : Ms.PARAMESHWARI S

Age : 57/Female

Bill No : MMH/HM/IPH202400081

Bill Date : 10/01/2024

DOA : 8/1/2024 8:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 2,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 4,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,500.00
8	LABORATORY	₹ 7,709.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,000.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 8,914.00
13	PROFESSIONAL FEES	₹ 5,000.00
14	RADIOLOGY	₹ 1,300.00
Gross Amount		₹ 49,923.00
Net Payable		₹ 49,923.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 77.00

Received Amount in Words : Fifty Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00