

IN PATIENT SUMMARY BILL

UHID : MHI202373155
IP No : IPH202302520
Patient name : Mr.BAGAVANDOSS.J
Age : 79/Male

Bill No : MMH/HM/IPH00591
Bill Date : 26/12/2023
DOA : 16/12/2023 10:46PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 50,500.00
3	DIET CHARGES	₹ 8,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 43,100.00
6	GENERAL PROCEDURE	₹ 1,500.00
7	INTENSIVIST CHARGES	₹ 21,000.00
8	INVESTIGATIONS	₹ 250.00
9	LABORATORY	₹ 31,320.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 21,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 32,235.00
14	PHYSIOTHERAPY	₹ 8,000.00
15	PROFESSIONAL TEAM FEES	₹ 44,195.00
16	RADIOLOGY	₹ 27,150.00
Gross Amount		₹ 295,000.00
Net Payable		₹ 295,000.00
Advance Amount		₹ 295,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Ninety-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/12/2023	MMH/HM/RECAP00562	CASH	Advance Amount	50,000.00
2	20/12/2023	MMH/HM/RECAP00614	CARD	Advance Amount	50,000.00
3	22/12/2023	MMH/HM/RECAP00629	CARD	Advance Amount	50,000.00
4	24/12/2023	MMH/HM/RECAP00658	CASH	Advance Amount	145,000.00