

IN PATIENT SUMMARY BILL

UHID : MHI202373880

IP No : IPH2024000341

Patient name : Mr.RAVICHANDRAN G

Age : 58 Y 0 M 1 D/Male

Bill No : MMH/HM/IPH202400339

Bill Date : 14/02/2024

DOA : 13/2/2024 4:29PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 6,188.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 800.00
8	OP REGISTRATION	₹ 150.00
9	PHARMACY CHARGE	₹ 4,034.00
10	PROFESSIONAL TEAM FEES	₹ 6,000.00
11	RADIOLOGY	₹ 3,000.00
12	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 29,222.00
Net Payable		₹ 29,222.00
Advance Amount		₹ 25,000.00
Received Amount		₹ 4,222.00

Received Amount in Words : Twenty-Nine Thousand Two Hundred
Twenty-Two Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	25,000.00
2	14/02/2024	MMH/HM/RECB202403	CASH	Collected Amount	4,222.00