

IN PATIENT SUMMARY BILL

UHID : MHI202374073

IP No : IPH2024000897

Patient name : Mrs.GAJALAKSHMI .T

Age : 48 Y 8 M 23 D/Female

Bill No : MMH/HM/IPH202400904

Bill Date : 17/04/2024

DOA : 14/4/2024 7:34PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 14,850.00
3	CARDIOLOGY PACKAGE-HEART	₹ 40,582.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	IP REGISTRATION	₹ 150.00
7	LABORATORY	₹ 1,422.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	PHARMACY CHARGE	₹ 20,376.00
11	PROFESSIONAL TEAM FEES	₹ 65,000.00
12	RADIOLOGY	₹ 1,520.00
Gross Amount		₹ 150,000.00
Net Payable		₹ 150,000.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty Thousand Only

PRAVEEN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	150,000.00