

IN PATIENT SUMMARY BILL

UHID : MHI202374198

IP No : IPH2024000787

Patient name : Mr.JAGANATHAN.M

Age : 64/Male

Bill No : MMH/HM/IPH202400811

Bill Date : 08/04/2024

DOA : 2/4/2024 5:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 21,875.00
3	DIET CHARGES	₹ 4,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 3,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 10,969.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 5,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 4,230.00
13	PROFESSIONAL TEAM FEES	₹ 24,000.00
14	RADIOLOGY	₹ 5,150.00
Gross Amount		₹ 87,674.00
Net Payable		₹ 87,674.00
Advance Amount		₹ 87,674.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Seven Thousand Six Hundred Seventy-Four Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/04/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	50,000.00
2	06/04/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	37,674.00