

IN PATIENT SUMMARY BILL

UHID : MHI202374284

IP No : IPH2024000109

Patient name : Ms.SUSEELA

Age : 80/Female

Bill No : MMH/HM/IPH202400121

Bill Date : 17/01/2024

DOA : 12/1/2024 6:59PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 19,950.00
3	DIET CHARGES	₹ 1,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 10,200.00
6	GENERAL PROCEDURE	₹ 3,300.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 16,252.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 25,808.00
13	RADIOLOGY	₹ 3,550.00
Gross Amount		₹ 92,010.00
Net Payable		₹ 92,010.00
Advance Amount		₹ 92,010.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Two Thousand Ten Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	40,000.00
2	13/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	10,000.00
3	15/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	40,810.00
4	15/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	1,200.00