

IN PATIENT SUMMARY BILL

UHID	: MHI202374516	Bill No	: MMH/HM/IPH202400357
IP No	: IPH2024000325	Bill Date	: 17/02/2024
Patient name	: Mrs.UMADEVI	DOA	: 12/2/2024 11:17AM
Age	: 27 Y 6 M 4 D/Female	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.RAJESH.V		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 6,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 6,900.00
6	EQUIPMENT	₹ 10,200.00
7	GENERAL PROCEDURE	₹ 9,820.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	INVESTIGATIONS	₹ 1,750.00
10	LABORATORY	₹ 15,989.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 6,400.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 26,750.00
15	PHARMACY CHARGE	₹ 123,511.00
16	PHYSIOTHERAPY	₹ 6,300.00
17	PROFESSIONAL TEAM FEES	₹ 15,000.00
18	RADIOLOGY	₹ 2,930.00
19	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 255,000.00
Net Payable		₹ 255,000.00
Advance Amount		₹ 255,000.00
Received Amount		₹ 0.00

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

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	155,000.00
2	12/02/2024	MMH/HM/RECAP2024003	AFFORDPLAN	Advance Amount	100,000.00