

IN PATIENT SUMMARY BILL

UHID : MHI202374539

IP No : IPH2024000590

Patient name : Mr.KUMAR CLEMENT

Age : 72/Male

Bill No : MMH/HM/IPH202400595

Bill Date : 15/03/2024

DOA : 12/3/2024 1:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 1,305.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,400.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 6,068.00
11	PROFESSIONAL TEAM FEES	₹ 18,875.00
12	PULMONOLOGIST	₹ 1,500.00
13	RADIOLOGY	₹ 550.00
Gross Amount		₹ 46,998.00
Net Payable		₹ 46,998.00
Advance Amount		₹ 46,998.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Six Thousand Nine Hundred
Ninety-Eight Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/03/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	15,000.00
2	15/03/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	25,000.00
3	15/03/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	6,998.00