

IN PATIENT SUMMARY BILL

UHID : MHI202375164

IP No : IPH2024000241

Patient name : Mrs.VIMALA G

Age : 77 Y 10 M 29 D/Female

Bill No : MMH/HM/IPH202400248

Bill Date : 03/02/2024

DOA : 1/2/2024 10:16PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 4,728.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 922.00
12	PROFESSIONAL TEAM FEES	₹ 6,000.00
13	RADIOLOGY	₹ 1,200.00
14	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 34,000.00
Net Payable		₹ 34,000.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 14,000.00

Received Amount in Words : Thirty-Four Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/02/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	20,000.00
2	03/02/2024	MMH/HM/RECB202402	CASH	Collected Amount	14,000.00