

IN PATIENT SUMMARY BILL

UHID : MHI202377428

IP No : IPH2024000494

Patient name : Mr.GOVINDASAMY.P.V

Age : 65/Male

Bill No : MMH/HM/IPH202400497

Bill Date : 05/03/2024

DOA : 2/3/2024 1:53PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	BLOOD COMPONENTS	₹ 4,100.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 373.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 3,620.00
14	PROFESSIONAL TEAM FEES	₹ 19,750.00
Gross Amount		₹ 49,243.00
Net Payable		₹ 49,243.00
Advance Amount		₹ 49,243.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Nine Thousand Two Hundred Forty-Three Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/03/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	10,000.00
2	04/03/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	39,243.00