

IN PATIENT SUMMARY BILL

UHID : MHI202378509

IP No : IPH2024000240

Patient name : Ms.SUGANTHI R

Age : 81/Female

Bill No : MMH/HM/IPH202400252

Bill Date : 03/02/2024

DOA : 1/2/2024 5:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 12,450.00
3	DIET CHARGES	₹ 3,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 10,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 20,682.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 16,555.00
13	PROFESSIONAL TEAM FEES	₹ 15,000.00
14	RADIOLOGY	₹ 1,550.00
15	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 88,887.00
Net Payable		₹ 88,887.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 38,887.00

Received Amount in Words : Eighty-Eight Thousand Eight Hundred Eighty-Seven 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	CASH	Advance Amount	30,000.00
2	01/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	3,000.00
3	01/02/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	17,000.00
4	03/02/2024	MMH/HM/RECBD202402	CASH	Collected Amount	38,887.00