

IN PATIENT SUMMARY BILL

UHID : MHI202378547

IP No : IPH2024000576

Patient name : Mr.RAMAKRISHNAN ELUMALAI

Age : 69/Male

Bill No : MMH/HM/IPH202400566

Bill Date : 12/03/2024

DOA : 11/3/2024 11:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 2,750.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 5,211.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 800.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 5,957.00
11	PROFESSIONAL TEAM FEES	₹ 2,000.00
12	RADIOLOGY	₹ 550.00
Gross Amount		₹ 20,818.00
Net Payable		₹ 20,818.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 5,818.00

Received Amount in Words : Twenty Thousand Eight Hundred Eighteen Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	15,000.00
2	12/03/2024	MMH/HM/RECB202405	CARD	Collected Amount	5,818.00