

IN PATIENT SUMMARY BILL

UHID : MHI202378750

IP No : IPH202302429

Patient name : Mr.RAGHUPATHY K P

Age : 72/Male

Bill No : MMH/HM/IPH00512

Bill Date : 14/12/2023

DOA : 4/12/2023 3:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 45,000.00
3	EQUIPMENT	₹ 91,500.00
4	GENERAL PROCEDURE	₹ 17,500.00
5	IMPLANT	₹ 107,320.00
6	INTENSIVIST CHARGES	₹ 21,000.00
7	LABORATORY	₹ 18,792.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 18,000.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 65,865.00
12	PROFESSIONAL TEAM FEES	₹ 42,684.00
13	RADIOLOGY	₹ 8,550.00
Gross Amount		₹ 436,761.00
Net Payable		₹ 436,761.00
Advance Amount		₹ 330,000.00
Received Amount		₹ 106,761.00

Received Amount in Words : Four Lakh Thirty-Six Thousand Seven Hundred Sixty-One Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-14 16:01:18.740	MMH/HM/RECB04209	CASH	Collected Amount	106,761.00