

IN PATIENT SUMMARY BILL

UHID : MHI202378998

IP No : IPH2023002640

Patient name : Ms.KALAIMANI.D

Age : 52/Female

Bill No : MMH/HM/IPH202400002

Bill Date : 02/01/2024

DOA : 30/12/2023 8:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 17,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
4	EQUIPMENT	₹ 15,000.00
5	GENERAL PROCEDURE	₹ 4,500.00
6	INTENSIVIST CHARGES	₹ 2,500.00
7	LABORATORY	₹ 7,467.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 3,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 18,898.00
12	PHYSIOTHERAPY	₹ 700.00
13	PROFESSIONAL TEAM FEES	₹ 8,000.00
14	RADIOLOGY	₹ 4,550.00
15	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 86,765.00
Net Payable		₹ 86,765.00
Advance Amount		₹ 86,765.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Six Thousand Seven Hundred Sixty-Five Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/HM/RECAP00744	CARD	Advance Amount	50,000.00
2	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	36,765.00