

IN PATIENT SUMMARY BILL

UHID : MHI202379346
IP No : IPH202302562
Patient name : Mrs.DHANAM SOLAI
Age : 53 Y 7 M 12 D/Female

Bill No : MMH/HM/IPH00572
Bill Date : 23/12/2023
DOA : 20/12/2023 1:37PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 14,000.00
3	DIET CHARGES	₹ 3,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 500.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,500.00
11	OP REGISTRATION	₹ 152.00
12	PHARMACY CHARGE	₹ 6,448.00
13	PROFESSIONAL TEAM FEES	₹ 15,000.00
Gross Amount		₹ 50,000.00
Net Payable		₹ 50,000.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/HM/RECAP00603	CASH	Advance Amount	10,000.00
2	20/12/2023	MMH/HM/RECAP00604	UPI	Advance Amount	15,000.00
3	20/12/2023	MMH/HM/RECAP00607	UPI	Advance Amount	25,000.00