

IN PATIENT SUMMARY BILL

UHID : MHI202380104

IP No : IPH2024000737

Patient name : Mr.GOVINDARAJ S

Age : 31/Male

Bill No : MMH/HM/IPH202400733

Bill Date : 30/03/2024

DOA : 28/3/2024 1:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 3,524.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 3,049.00
13	PROFESSIONAL TEAM FEES	₹ 17,749.00
14	RADIOLOGY	₹ 800.00
Gross Amount		₹ 47,522.00
Net Payable		₹ 47,522.00
Advance Amount		₹ 47,522.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Seven Thousand Five Hundred Twenty-Two Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	30,000.00
2	30/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	17,522.00