

IN PATIENT SUMMARY BILL

UHID : MHI202380262
IP No : IPH202302547
Patient name : Mr.ABHILASH D
Age : 24 Y 6 M 24 D/Male

Bill No : MMH/HM/IPH00592
Bill Date : 26/12/2023
DOA : 19/12/2023 7:43PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 27,000.00
3	BLOOD COMPONENTS	₹ 5,050.00
4	DIALYSIS CHARGE	₹ 20,000.00
5	DIET CHARGES	₹ 6,800.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
7	EQUIPMENT	₹ 18,000.00
8	GENERAL PROCEDURE	₹ 4,500.00
9	INTENSIVIST CHARGES	₹ 7,500.00
10	LABORATORY	₹ 41,272.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,400.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 74,711.00
15	PROFESSIONAL TEAM FEES	₹ 16,500.00
16	RADIOLOGY	₹ 2,350.00
Gross Amount		₹ 236,033.00
Net Payable		₹ 236,033.00
Advance Amount		₹ 236,033.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Thirty-Six Thousand Thirty-Three
Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/HM/RECAP00591	UPI	Advance Amount	50,000.00
2	25/12/2023	MMH/HM/RECAP00666	CASH	Advance Amount	10,000.00
3	25/12/2023	MMH/HM/RECAP00668	NEFT	Advance Amount	176,033.00