

IN PATIENT SUMMARY BILL

UHID : MHI202380495
IP No : IPH202302498
Patient name : Mrs.RAJALAKSHMI M
Age : 67 Y 11 M 25 D/Female

Bill No : MMH/HM/IPH00527
Bill Date : 16/12/2023
DOA : 13/12/2023 9:09PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 10,500.00
3	DIET CHARGES	₹ 4,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 25,500.00
6	LABORATORY	₹ 2,760.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,400.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 20,381.00
11	PROFESSIONAL TEAM FEES	₹ 6,000.00
12	RADIOLOGY	₹ 1,400.00

Gross Amount ₹ **76,491.00**

Net Payable ₹ **76,491.00**

Advance Amount ₹ **40,000.00**

Received Amount ₹ **36,491.00**

Received Amount in Words : Seventy-Six Thousand Four Hundred
Ninety-One Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-16 15:16:57.430	MMH/HM/RECB04321	CARD	Collected Amount	36,491.00