

IN PATIENT SUMMARY BILL

UHID : MHI202380517
IP No : IPH202302441
Patient name : Mr.BALAKRISHNAN.D
Age : 72 Y 2 M 27 D/Male

Bill No : MMH/HM/IPH00474
Bill Date : 09/12/2023
DOA : 6/12/2023 3:32PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,250.00
2	ADMINISTRATION CHARGES	₹ 200.00
3	BED CHARGES	₹ 7,000.00
4	CARDIOLOGY PACKAGE-HEART	₹ 9,544.00
5	DIET CHARGES	₹ 3,400.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
7	EQUIPMENT	₹ 1,500.00
8	GENERAL PROCEDURE	₹ 800.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 2,974.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 4,500.00
15	PHARMACY CHARGE	₹ 10,982.00
16	PROFESSIONAL TEAM FEES	₹ 8,000.00
17	RADIOLOGY	₹ 800.00

Gross Amount ₹ **60,000.00**

Net Payable ₹ **60,000.00**

Advance Amount ₹ **123,000.00**

Received Amount ₹ **0.00**

Refund Amount ₹ **63,000.00**

Received Amount in Words : One Lakh Twenty-Three Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 11:50:34.773	MMH/HM/RECAP00477	NEFT	Advance Amount	123,000.00