

IN PATIENT SUMMARY BILL

UHID : MMH202370868

IP No : IPH2024000294

Patient name : Mrs.VASANTHA R

Age : 79 Y 8 M 0 D/Female

Bill No : MMH/HM/IPH202400307

Bill Date : 10/02/2024

DOA : 8/2/2024 1:15AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 19,950.00
3	DIET CHARGES	₹ 2,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 13,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 21,206.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 26,414.00
13	PROFESSIONAL TEAM FEES	₹ 21,000.00
14	RADIOLOGY	₹ 1,860.00
Gross Amount		₹ 118,380.00
Net Payable		₹ 118,380.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 18,380.00

Received Amount in Words : One Lakh Eighteen Thousand Three Hundred Eighty Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	40,000.00
2	10/02/2024	MMH/HM/RECAP2024003	NEFT	Advance Amount	60,000.00
3	10/02/2024	MMH/HM/RECBD202402	NEFT	Collected Amount	18,380.00