

IN PATIENT SUMMARY BILL

UHID : MHI202380667
IP No : IPH202302591
Patient name : Mr.SAMPATH D
Age : 66 Y 6 M 14 D/Male

Bill No : MMH/HM/IPH00599
Bill Date : 26/12/2023
DOA : 24/12/2023 8:20PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.CM THIAGARAJAN

| S.No | Description | Amount |
|------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 7,500.00 |
| 3 | DIALYSIS CHARGE | ₹ 5,000.00 |
| 4 | DIET CHARGES | ₹ 1,420.00 |
| 5 | EQUIPMENT | ₹ 12,700.00 |
| 6 | GENERAL PROCEDURE | ₹ 500.00 |
| 7 | INTENSIVIST CHARGES | ₹ 3,000.00 |
| 8 | LABORATORY | ₹ 7,306.00 |
| 9 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 10 | NURSING CHARGE | ₹ 2,000.00 |
| 11 | OP REGISTRATION | ₹ 150.00 |
| 12 | PHARMACY CHARGE | ₹ 9,304.00 |
| 13 | PROFESSIONAL TEAM FEES | ₹ 5,000.00 |
| 14 | RADIOLOGY | ₹ 1,150.00 |

Gross Amount ₹ **55,830.00**
Net Payable ₹ **55,830.00**
Advance Amount ₹ **55,830.00**
Received Amount ₹ **0.00**

Received Amount in Words : Fifty-Five Thousand Eight Hundred Thirty
Only

SANTHOSH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|-------------------|--------------|----------------|-----------------|
| 1 | 24/12/2023 | MMH/HM/RECAP00659 | UPI | Advance Amount | 30,000.00 |
| 2 | 25/12/2023 | MMH/HM/RECAP00663 | UPI | Advance Amount | 25,830.00 |