

IN PATIENT SUMMARY BILL

UHID : MHI202380725

IP No : IPH2024000012

Patient name : Mrs.MUTHUMARI A

Age : 61 Y 1 M 18 D/Female

Bill No : MMH/HM/IPH202400046

Bill Date : 08/01/2024

DOA : 2/1/2024 12:14PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 33,500.00
3	BLOOD COMPONENTS	₹ 4,100.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 16,400.00
7	GENERAL PROCEDURE	₹ 1,000.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 21,008.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 33,500.00
14	PHARMACY CHARGE	₹ 58,879.00
15	PHYSIOTHERAPY	₹ 9,100.00
16	PROFESSIONAL TEAM FEES	₹ 4,000.00
17	RADIOLOGY	₹ 2,930.00
18	SURGICAL PACKAGE-HEART	₹ 7,033.00
19	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 220,000.00
Net Payable		₹ 220,000.00
Advance Amount		₹ 220,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Twenty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	90,000.00
2	02/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	45,000.00
3	02/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	25,000.00
4	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	20,000.00
5	02/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	20,000.00
6	08/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	19,000.00
7	08/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	1,000.00

S.No	Description	Amount
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