

IN PATIENT SUMMARY BILL

UHID : MHI202380818
IP No : IPH202302370
Patient name : Mr.RAJARAM.R
Age : 70 Y 8 M 27 D/Male

Bill No : MMH/HM/IPH00449
Bill Date : 06/12/2023
DOA : 27/11/2023 12:26PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 29,000.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 11,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 11,300.00
7	GENERAL PROCEDURE	₹ 700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 12,518.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,800.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 29,000.00
14	PHARMACY CHARGE	₹ 60,979.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	PROFESSIONAL TEAM FEES	₹ 120,000.00
17	RADIOLOGY	₹ 10,150.00
18	SURGICAL PACKAGE-HEART	₹ 62,003.00

Gross Amount ₹ **375,000.00**

Net Payable ₹ **375,000.00**

Advance Amount ₹ **375,000.00**

Received Amount ₹ **0.00**

Received Amount in Words : Three Lakh Seventy-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 10:33:44.440	MMH/HM/RECAP00395	CARD	Advance Amount	100,000.00
2	2023-11-28 10:34:15.590	MMH/HM/RECAP00396	CASH	Advance Amount	200,000.00
3	2023-11-28 11:36:59.700	MMH/HM/RECAP00400	CARD	Advance Amount	75,000.00