

IN PATIENT SUMMARY BILL

UHID : MHI202380855
IP No : IPH202302367
Patient name : Mrs.SARASWATHY
Age : 53 Y 11 M 5 D/Female

Bill No : MMH/HM/IPH00459
Bill Date : 06/12/2023
DOA : 27/11/2023 10:50AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 23,250.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DIET CHARGES	₹ 9,100.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
7	EQUIPMENT	₹ 16,600.00
8	GENERAL PROCEDURE	₹ 200.00
9	IMPLANT	₹ 89,208.00
10	INJECTION CHARGES	₹ 500.00
11	INTENSIVIST CHARGES	₹ 2,500.00
12	LABORATORY	₹ 20,734.00
13	MEDICAL RECORD CHARGE	₹ 200.00
14	NURSING CHARGE	₹ 7,600.00
15	OP REGISTRATION	₹ 150.00
16	OPERATION THEATRE CHARGES	₹ 29,000.00
17	PHARMACY CHARGE	₹ 128,002.00
18	PHYSIOTHERAPY	₹ 7,000.00
19	RADIOLOGY	₹ 2,200.00
20	SURGICAL PACKAGE-HEART	₹ 2,456.00

Gross Amount ₹ **361,500.00**
Net Payable ₹ **361,500.00**
Advance Amount ₹ **361,500.00**
Received Amount ₹ **0.00**

Received Amount in Words : Three Lakh Sixty-One Thousand Five Hundred Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 10:59:35.800	MMH/HM/RECAP00381	CARD	Advance Amount	100,000.00
2	2023-11-29 15:18:25.260	MMH/HM/RECAP00416	CASH	Advance Amount	200,000.00
3	2023-12-02 12:11:40.640	MMH/HM/RECAP00445	CARD	Advance Amount	61,500.00