

IN PATIENT SUMMARY BILL

UHID : MHI202380905
IP No : IPH202302382
Patient name : Mrs.KALAVATHI.S
Age : 62 Y 2 M 14 D/Female

Bill No : MMH/HM/IPH00452
Bill Date : 06/12/2023
DOA : 28/11/2023 12:56PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 15,750.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 11,600.00
7	GENERAL PROCEDURE	₹ 200.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 15,950.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,800.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 35,000.00
14	PHARMACY CHARGE	₹ 79,762.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	PROFESSIONAL TEAM FEES	₹ 55,000.00
17	RADIOLOGY	₹ 3,400.00
18	SURGICAL PACKAGE-HEART	₹ 5,688.00

Gross Amount ₹ **255,000.00**

Net Payable ₹ **255,000.00**

Advance Amount ₹ **255,000.00**

Received Amount ₹ **0.00**

Received Amount in Words : Two Lakh Fifty-Five Thousand Only

SANTHOSH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 14:02:43.953	MMH/HM/RECAP00404	CASH	Advance Amount	155,000.00
2	2023-11-29 07:59:05.676	MMH/HM/RECAP00406	AFFORDPLAN	Advance Amount	50,000.00
3	2023-11-29 08:01:23.130	MMH/HM/RECAP00407	UPI	Advance Amount	50,000.00