

IN PATIENT SUMMARY BILL

UHID : MHI202380725
IP No : IPH202302269
Patient name : Mrs.MUTHUMARI A
Age : 60 Y 11 M 27 D/Female

Bill No : MMH/HM/IPH00292
Bill Date : 16/11/2023
DOA : 15/11/2023 1:04PM
DOD : 16/11/2023 3:57PM
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 7,000.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 4,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 1,800.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 7,595.00
13	PROFESSIONAL TEAM FEES	₹ 3,000.00
14	RADIOLOGY	₹ 800.00

Gross Amount ₹ **33,945.00**
Net Payable ₹ **33,945.00**
Advance Amount ₹ **30,000.00**
Received Amount ₹ **3,945.00**

Received Amount in Words : Thirty-Three Thousand Nine Hundred
Forty-Five Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-15 13:26:55.023	MMH/HM/RECAP00281	UPI	Advance Amount	30,000.00
2	2023-11-16 15:56:25.050	MMH/HM/RECB02498	UPI	Collected Amount	3,945.00