

IN PATIENT SUMMARY BILL

UHID : MHI202380936
IP No : IPH202302424
Patient name : Mr.DHEENADHAYALAN G
Age : 49 Y 6 M 17 D/Male

Bill No : MMH/HM/IPH00489
Bill Date : 12/12/2023
DOA : 3/12/2023 8:02AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 31,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 12,000.00
7	GENERAL PROCEDURE	₹ 1,200.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	INVESTIGATIONS	₹ 250.00
10	LABORATORY	₹ 11,141.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,800.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 28,000.00
15	PHARMACY CHARGE	₹ 67,061.00
16	PHYSIOTHERAPY	₹ 7,000.00
17	PROFESSIONAL TEAM FEES	₹ 45,000.00
18	RADIOLOGY	₹ 5,340.00
19	SURGICAL PACKAGE-HEART	₹ 8,458.00
Gross Amount		₹ 245,000.00
Net Payable		₹ 245,000.00
Advance Amount		₹ 245,000.00
Received Amount		₹ 0.00

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

ASHWIN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-03 08:18:28.960	MMH/HM/RECAP00447	CASH	Advance Amount	100,000.00
2	2023-12-11 17:07:48.820	MMH/HM/RECAP00522	AFFORDPLAN	Advance Amount	100,000.00
3	2023-12-11 17:08:13.910	MMH/HM/RECAP00523	UPI	Advance Amount	45,000.00