

IN PATIENT SUMMARY BILL

UHID : MHI202381009
IP No : IPH202302359
Patient name : Mr.VENKATESAN
Age : 72 Y 8 M 26 D/Male

Bill No : MMH/HM/IPH00422
Bill Date : 30/11/2023
DOA : 26/11/2023 11:32AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 15,750.00
3	BLOOD COMPONENTS	₹ 6,750.00
4	DIALYSIS / DIALYZER	₹ 20,000.00
5	DIET CHARGES	₹ 1,300.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
7	EQUIPMENT	₹ 23,300.00
8	GENERAL PROCEDURE	₹ 4,500.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 45,148.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,800.00
13	OP REGISTRATION	₹ 150.00
14	PHYSIOTHERAPY	₹ 700.00
15	PROFESSIONAL FEES	₹ 4,250.00
16	PROFESSIONAL TEAM FEES	₹ 10,500.00
17	RADIOLOGY	₹ 3,200.00

Gross Amount ₹ **146,548.00**

Net Payable ₹ **146,548.00**

Advance Amount ₹ **146,548.00**

Received Amount ₹ **0.00**

Received Amount in Words : One Lakh Forty-Six Thousand Five Hundred
Forty-Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-26 11:44:59.570	MMH/HM/RECAP00375	CARD	Advance Amount	20,000.00
2	2023-11-27 14:58:06.850	MMH/HM/RECAP00384	CARD	Advance Amount	50,000.00
3	2023-11-29 17:00:06.500	MMH/HM/RECAP00417	CARD	Advance Amount	40,000.00
4	2023-11-30 06:07:47.200	MMH/HM/RECAP00429	CARD	Advance Amount	36,548.00