

**IN PATIENT SUMMARY BILL**

UHID : MHI202381031  
IP No : IPH202302395  
Patient name : Mr.ASOKAN R  
Age : 73 Y 1 M 27 D/Male

Bill No : MMH/HM/IPH00455  
Bill Date : 06/12/2023  
DOA : 29/11/2023 12:34PM  
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	₹ 500.00
4	DIET CHARGES	₹ 7,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 22,700.00
7	GENERAL PROCEDURE	₹ 700.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 18,158.40
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 41,000.00
14	PHARMACY CHARGE	₹ 82,510.00
15	PHYSIOTHERAPY	₹ 4,900.00
16	PROFESSIONAL TEAM FEES	₹ 70,000.00
17	RADIOLOGY	₹ 8,300.00
18	SURGICAL PACKAGE-HEART	₹ 10,917.00

**Gross Amount** ₹ **300,585.40**

**Net Payable** ₹ **300,585.00**

**Advance Amount** ₹ **300,585.00**

**Received Amount** ₹ **0.00**

**Received Amount in Words** : Three Lakh Five Hundred Eighty-Five Only

SANTHOSH  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 12:37:06.003	MMH/HM/RECAP00415	CASH	Advance Amount	10,000.00
2	2023-11-29 19:12:46.773	MMH/HM/RECAP00422	CARD	Advance Amount	50,000.00
3	2023-11-29 19:12:46.780	MMH/HM/RECAP00423	CASH	Advance Amount	90,000.00
4	2023-11-29 22:25:22.573	MMH/HM/RECAP00426	UPI	Advance Amount	51,000.00
5	2023-11-29 22:27:42.366	MMH/HM/RECAP00427	CARD	Advance Amount	49,000.00
6	2023-12-05 15:25:42.440	MMH/HM/RECAP00457	CARD	Advance Amount	24,000.00
7	2023-12-05 15:27:09.116	MMH/HM/RECAP00458	UPI	Advance Amount	26,585.00

S.No	Description	Amount
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