

IN PATIENT SUMMARY BILL

UHID : MHI202381058
IP No : IPH202302383
Patient name : Mrs.SARASWATHY R
Age : 77 Y 1 M 29 D/Female

Bill No : MMH/HM/IPH00427
Bill Date : 01/12/2023
DOA : 29/11/2023 1:52AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 10,500.00
3	CARDIOLOGY PACKAGE-HEART	₹ 8,650.00
4	DIET CHARGES	₹ 3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 12,632.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 17,068.00
14	RADIOLOGY	₹ 400.00

Gross Amount ₹ **60,000.00**
Net Payable ₹ **60,000.00**
Advance Amount ₹ **30,000.00**
Received Amount ₹ **30,000.00**

Received Amount in Words : Sixty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-29 11:27:38.040	MMH/HM/RECAP00413	CASH	Advance Amount	30,000.00
2	2023-12-01 19:55:27.440	MMH/HM/RECB03453	CASH	Collected Amount	30,000.00