

IN PATIENT SUMMARY BILL

UHID : MHP202300167

IP No : IP2024001345

Patient name : Dr.VASANTHI RAJAGOPALAN

Age : 66 Y 5 M 30 D/Female

Bill No : MMH/MH/IP202401353

Bill Date : 25/06/2024

DOA : 16/6/2024 8:18PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 44,625.00
4	DIET CHARGES	₹ 4,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 5,625.00
6	EQUIPMENT	₹ 32,150.00
7	GENERAL PROCEDURE	₹ 4,500.00
8	INTENSIVIST CHARGES	₹ 3,000.00
9	LABORATORY	₹ 25,055.00
10	NURSING CHARGE	₹ 8,000.00
11	PACKAGE	₹ 10,000.00
12	PHARMACY CHARGE	₹ 68,061.00
13	PROFESSIONAL TEAM FEES	₹ 56,000.00
14	RADIOLOGY	₹ 14,280.00
15	TRANSPORT	₹ 4,000.00
Gross Amount		₹ 285,096.00
Net Payable		₹ 285,096.00
Advance Amount		₹ 285,096.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Eighty-Five Thousand Ninety-Six Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/24/2024	MMH/MH/RECH202402342	CASH	Advance Amount	170,000.00
2	6/24/2024	MMH/MH/RECH202402343	UPI	Advance Amount	80,000.00
3	6/25/2024	MMH/MH/RECH202402349	UPI	Advance Amount	35,096.00