

IN PATIENT SUMMARY BILL

UHID : MHI202381078
IP No : IPH202302475
Patient name : Mrs.SHANMUGAPRIYA S
Age : 45 Y 1 M 17 D/Female

Bill No : MMH/HM/IPH00531
Bill Date : 17/12/2023
DOA : 11/12/2023 12:30PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 26,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 16,400.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	INVESTIGATIONS	₹ 250.00
10	LABORATORY	₹ 18,027.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 29,000.00
15	PHARMACY CHARGE	₹ 75,972.00
16	PHYSIOTHERAPY	₹ 7,700.00
17	PROFESSIONAL TEAM FEES	₹ 45,000.00
18	RADIOLOGY	₹ 4,940.00
19	SURGICAL PACKAGE-HEART	₹ 6,761.00

Gross Amount ₹ **255,000.00**

Net Payable ₹ **255,000.00**

Advance Amount ₹ **255,000.00**

Received Amount ₹ **0.00**

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

SANTHOSH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					