

IN PATIENT SUMMARY BILL

UHID : MHI202381082
IP No : IPH202302398
Patient name : Mr.RAVI G
Age : 58 Y 7 M 16 D/Male

Bill No : MMH/HM/IPH00424
Bill Date : 01/12/2023
DOA : 30/11/2023 1:20AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 3,500.00
3	EQUIPMENT	₹ 12,000.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 7,680.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	OP REGISTRATION	₹ 150.00
8	PHARMACY CHARGE	₹ 19,293.00
9	PROFESSIONAL TEAM FEES	₹ 2,000.00
10	RADIOLOGY	₹ 2,400.00

Gross Amount ₹ **47,923.00**

Net Payable ₹ **47,923.00**

Advance Amount ₹ **40,630.00**

Received Amount ₹ **7,293.00**

Received Amount in Words : Forty-Seven Thousand Nine Hundred
Twenty-Three Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 01:24:45.646	MMH/HM/RECAP00428	CARD	Advance Amount	20,000.00
2	2023-12-01 09:37:14.843	MMH/HM/RECAP00434	CASH	Advance Amount	20,630.00
3	2023-12-01 12:07:18.776	MMH/HM/RECB03432	CASH	Collected Amount	7,293.00