

IN PATIENT SUMMARY BILL

UHID : MHI202381096

IP No : IPH2024000335

Patient name : Mr.GOWTHAMAN

Age : 60 Y 0 M 0 D/Male

Bill No : MMH/HM/IPH202400333

Bill Date : 13/02/2024

DOA : 13/2/2024 10:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 1,375.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 290.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 800.00
9	OP REGISTRATION	₹ 150.00
10	OPERATION THEATRE CHARGES	₹ 4,000.00
11	PHARMACY CHARGE	₹ 2,939.00
12	PROFESSIONAL TEAM FEES	₹ 5,000.00
Gross Amount		₹ 17,954.00
Net Payable		₹ 17,954.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 2,954.00

Received Amount in Words : Seventeen Thousand Nine Hundred Fifty-Four Only

AKASH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP2024003	UPI	Advance Amount	15,000.00
2	13/02/2024	MMH/HM/RECBD202402	UPI	Collected Amount	2,954.00