

IN PATIENT SUMMARY BILL

UHID : MHI202381165
IP No : IPH202302450
Patient name : Mrs.ARASURANI M
Age : 64 Y 1 M 8 D/Female

Bill No : MMH/HM/IPH00477
Bill Date : 09/12/2023
DOA : 7/12/2023 11:18PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 4,500.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 1,990.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,000.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 6,384.00
11	PROFESSIONAL TEAM FEES	₹ 6,000.00
12	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 28,524.00
Net Payable		₹ 28,524.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 1,476.00

Received Amount in Words : Thirty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-07 23:23:12.070	MMH/HM/RECAP00484	CASH	Advance Amount	15,000.00
2	2023-12-07 23:23:12.070	MMH/HM/RECAP00485	UPI	Advance Amount	5,000.00
3	2023-12-08 14:44:31.940	MMH/HM/RECAP00492	CASH	Advance Amount	10,000.00