

IN PATIENT SUMMARY BILL

UHID : MHI202381166
IP No : IPH202302451
Patient name : Mr.SRI SRI KUMAR K
Age : 70 Y 1 M 29 D/Male

Bill No : MMH/HM/IPH00486
Bill Date : 11/12/2023
DOA : 8/12/2023 7:09AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 24,900.00
3	CARDIOLOGY PACKAGE-HEART	₹ 9,500.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 4,000.00
7	GENERAL PROCEDURE	₹ 750.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 7,982.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 18,587.00
14	PROFESSIONAL TEAM FEES	₹ 4,931.00
15	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 84,000.00
Net Payable		₹ 84,000.00
Advance Amount		₹ 84,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Four Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-08 07:09:27.790	MMH/HM/RECAP00486	CARD	Advance Amount	50,000.00
2	2023-12-11 16:29:09.386	MMH/HM/RECAP00521	CARD	Advance Amount	34,000.00