

IN PATIENT SUMMARY BILL

UHID : MHI202381171
IP No : IPH202302459
Patient name : Mr.BALAMURUGAN R
Age : 48 Y 8 M 18 D/Male

Bill No : MMH/HM/IPH00545
Bill Date : 19/12/2023
DOA : 8/12/2023 1:34PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ACCOMMODATION	₹ 5,500.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 38,500.00
4	BLOOD COMPONENTS	₹ 5,050.00
5	DIET CHARGES	₹ 11,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,250.00
7	EQUIPMENT	₹ 8,150.00
8	GENERAL PROCEDURE	₹ 1,000.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 19,283.00
11	NURSING CHARGE	₹ 12,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 30,000.00
14	PHARMACY CHARGE	₹ 84,184.00
15	PHYSIOTHERAPY	₹ 600.00
16	PROFESSIONAL TEAM FEES	₹ 100,000.00
17	RADIOLOGY	₹ 5,630.00
18	SURGICAL PACKAGE-HEART	₹ 45,103.00

Gross Amount ₹ **375,000.00**

Net Payable ₹ **375,000.00**

Advance Amount ₹ **375,000.00**

Received Amount ₹ **0.00**

Received Amount in Words : Three Lakh Seventy-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/12/2023	MMH/HM/RECAP00491	CASH	Advance Amount	50,000.00
2	09/12/2023	MMH/HM/RECAP00501	CARD	Advance Amount	50,000.00
3	09/12/2023	MMH/HM/RECAP00502	CASH	Advance Amount	150,000.00
4	09/12/2023	MMH/HM/RECAP00503	UPI	Advance Amount	50,000.00
5	11/12/2023	MMH/HM/RECAP00514	CARD	Advance Amount	50,000.00
6	19/12/2023	MMH/HM/RECAP00589	CARD	Advance Amount	25,000.00