

**IN PATIENT SUMMARY BILL**

UHID : MHI202381263  
IP No : IPH202302492  
Patient name : Mr.RATHINAVEL SAMI.T  
Age : 36 Y 7 M 23 D/Male

Bill No : MMH/HM/IPH00524  
Bill Date : 15/12/2023  
DOA : 13/12/2023 2:14AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 13,699.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 800.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 16,478.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,000.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 12,663.00
14	PROFESSIONAL TEAM FEES	₹ 7,500.00
15	RADIOLOGY	₹ 1,460.00

**Gross Amount** ₹ **75,000.00**

**Net Payable** ₹ **75,000.00**

**Advance Amount** ₹ **75,000.00**

**Received Amount** ₹ **0.00**

**Received Amount in Words** : Seventy-Five Thousand Only

SANTHOSH  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					