

IN PATIENT SUMMARY BILL

UHID : MHI202381285
IP No : IPH202302529
Patient name : Mr.JANAKIRAMAN P
Age : 54 Y 9 M 19 D/Male

Bill No : MMH/HM/IPH00593
Bill Date : 26/12/2023
DOA : 18/12/2023 12:02PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	BED CHARGES	₹ 22,000.00
2	BLOOD COMPONENTS	₹ 500.00
3	DIET CHARGES	₹ 8,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
5	EQUIPMENT	₹ 10,200.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 13,126.00
9	NURSING CHARGE	₹ 8,800.00
10	OPERATION THEATRE CHARGES	₹ 35,000.00
11	PHARMACY CHARGE	₹ 72,926.00
12	PHYSIOTHERAPY	₹ 7,700.00
13	PROFESSIONAL TEAM FEES	₹ 90,000.00
14	RADIOLOGY	₹ 3,590.00
15	SURGICAL PACKAGE-HEART	₹ 9,758.00
16	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 295,000.00
Net Payable		₹ 295,000.00
Advance Amount		₹ 295,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Ninety-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/HM/RECAP00568	CASH	Advance Amount	150,000.00
2	21/12/2023	MMH/HM/RECAP00622	AFFORDPLAN	Advance Amount	100,000.00
3	24/12/2023	MMH/HM/RECAP00655	CASH	Advance Amount	45,000.00