

IN PATIENT SUMMARY BILL

UHID : MHI202381339
IP No : IPH202302555
Patient name : Master.THARIQ ANWAR A
Age : 12 Y 0 M 9 D/Male

Bill No : MMH/HM/IPH00636
Bill Date : 28/12/2023
DOA : 20/12/2023 11:23AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 31,500.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 8,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 39,500.00
7	GENERAL PROCEDURE	₹ 12,622.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 26,899.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 40,000.00
14	PHARMACY CHARGE	₹ 175,389.00
15	PHYSIOTHERAPY	₹ 18,900.00
16	PROFESSIONAL TEAM FEES	₹ 80,000.00
17	RADIOLOGY	₹ 10,890.00
18	ULTRASOUND	₹ 2,000.00

Gross Amount ₹ **465,000.00**

Net Payable ₹ **465,000.00**

Advance Amount ₹ **465,000.00**

Received Amount ₹ **0.00**

Received Amount in Words : Four Lakh Sixty-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/HM/RECAP00596	CASH	Advance Amount	150,000.00
2	20/12/2023	MMH/HM/RECAP00597	CARD	Advance Amount	100,000.00
3	28/12/2023	MMH/HM/RECAP00714	CASH	Advance Amount	200,000.00
4	28/12/2023	MMH/HM/RECAP00715	UPI	Advance Amount	15,000.00