

IN PATIENT SUMMARY BILL

UHID : MHI202381360
IP No : IPH202302534
Patient name : Mrs.PADMINI
Age : 49 Y 5 M 10 D/Female

Bill No : MMH/HM/IPH00607
Bill Date : 26/12/2023
DOA : 18/12/2023 5:32PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 34,250.00
3	BLOOD COMPONENTS	₹ 16,050.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DIET CHARGES	₹ 8,900.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
7	EQUIPMENT	₹ 17,700.00
8	GENERAL PROCEDURE	₹ 1,500.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 23,156.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,800.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 31,500.00
15	PHARMACY CHARGE	₹ 83,732.00
16	PHYSIOTHERAPY	₹ 8,400.00
17	PROFESSIONAL TEAM FEES	₹ 63,932.00
18	RADIOLOGY	₹ 3,330.00
19	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 330,000.00
Net Payable		₹ 330,000.00
Advance Amount		₹ 330,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Thirty 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/RECAP00573	CARD	Advance Amount	20,000.00
2	20/12/2023	MMH/HM/RECAP00598	CASH	Advance Amount	200,000.00
3	26/12/2023	MMH/HM/RECAP00677	AFFORDPLAN	Advance Amount	110,000.00