

IN PATIENT SUMMARY BILL

UHID : MHI202381367
IP No : IPH202302537
Patient name : Mrs.MUMTAJ BEGUM
Age : 49 Y 8 M 27 D/Female

Bill No : MMH/HM/IPH00553
Bill Date : 20/12/2023
DOA : 18/12/2023 9:50PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 4,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 11,566.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 8,678.00
13	PROFESSIONAL TEAM FEES	₹ 5,000.00
14	RADIOLOGY	₹ 1,550.00

Gross Amount ₹ **52,494.00**
Net Payable ₹ **52,494.00**
Advance Amount ₹ **52,494.00**
Received Amount ₹ **0.00**

Received Amount in Words : Fifty-Two Thousand Four Hundred
Ninety-Four Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/HM/RECAP00580	CARD	Advance Amount	50,000.00
2	20/12/2023	MMH/HM/RECAP00605	UPI	Advance Amount	2,494.00