

IN PATIENT SUMMARY BILL

UHID : MHI202381370
IP No : IPH202302535
Patient name : Mrs.INDIRA
Age : 77 Y 7 M 28 D/Female

Bill No : MMH/HM/IPH00564
Bill Date : 21/12/2023
DOA : 18/12/2023 6:11PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 18,500.00
3	CARDIOLOGY PACKAGE-HEART	₹ 23,441.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 8,000.00
7	IMPLANT	₹ 202,900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 11,231.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 4,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 32,478.00
14	PROFESSIONAL TEAM FEES	₹ 70,000.00
15	RADIOLOGY	₹ 2,500.00
Gross Amount		₹ 385,000.00
Net Payable		₹ 385,000.00
Advance Amount		₹ 385,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Eighty-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/RECAP00575	UPI	Advance Amount	50,000.00
2	18/12/2023	MMH/HM/RECAP00576	CARD	Advance Amount	150,000.00
3	21/12/2023	MMH/HM/RECAP00625	CARD	Advance Amount	35,000.00
4	21/12/2023	MMH/HM/RECAP00627	NEFT	Advance Amount	150,000.00