

IN PATIENT SUMMARY BILL

UHID : MHI202381408
IP No : IPH202302558
Patient name : Mrs.MADHURANTHAGI K
Age : 53 Y 0 M 16 D/Female

Bill No : MMH/HM/IPH00575
Bill Date : 23/12/2023
DOA : 20/12/2023 11:00AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 14,000.00
3	DIET CHARGES	₹ 3,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 12,000.00
6	GENERAL PROCEDURE	₹ 800.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 8,941.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 12,188.00
13	PROFESSIONAL TEAM FEES	₹ 10,000.00
14	RADIOLOGY	₹ 2,300.00

Gross Amount ₹ **70,379.00**
Net Payable ₹ **70,379.00**
Advance Amount ₹ **70,379.00**
Received Amount ₹ **0.00**

Received Amount in Words : Seventy Thousand Three Hundred
Seventy-Nine Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/HM/RECAP00599	UPI	Advance Amount	5,000.00
2	20/12/2023	MMH/HM/RECAP00612	CASH	Advance Amount	45,000.00
3	22/12/2023	MMH/HM/RECAP00636	CASH	Advance Amount	20,379.00