

IN PATIENT SUMMARY BILL

UHID : MHI202381408

IP No : IPH2024000041

Patient name : Mrs.MADHURANTHAGI K

Age : 53 Y 1 M 2 D/Female

Bill No : MMH/HM/IPH202400074

Bill Date : 09/01/2024

DOA : 5/1/2024 12:06PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,750.00
3	DIET CHARGES	₹ 3,544.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
5	EQUIPMENT	₹ 19,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,500.00
8	LABORATORY	₹ 9,502.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,400.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 33,654.00
13	PROFESSIONAL FEES	₹ 10,000.00
14	RADIOLOGY	₹ 2,300.00
15	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 110,000.00
Net Payable		₹ 110,000.00
Advance Amount		₹ 110,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ten Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	50,000.00
2	09/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	60,000.00