

IN PATIENT SUMMARY BILL

UHID : MHI202381408

IP No : IPH2024000139

Patient name : Mrs.MADHURANTHAGI K

Age : 53 Y 1 M 12 D/Female

Bill No : MMH/HM/IPH202400144

Bill Date : 19/01/2024

DOA : 18/1/2024 6:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 7,500.00
3	DIET CHARGES	₹ 1,800.00
4	EQUIPMENT	₹ 4,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 4,643.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	OP REGISTRATION	₹ 150.00
9	PHARMACY CHARGE	₹ 6,878.00
10	PROFESSIONAL TEAM FEES	₹ 4,000.00
11	RADIOLOGY	₹ 7,050.00
12	TRANSPORT	₹ 3,500.00
13	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 42,821.00
Net Payable		₹ 42,821.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 7,179.00

Received Amount in Words : Fifty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	50,000.00