

IN PATIENT SUMMARY BILL

UHID : MHI202381408

IP No : IPH2024000173

Patient name : Mrs.MADHURANTHAGI K

Age : 53 Y 1 M 18 D/Female

Bill No : MMH/HM/IPH202400167

Bill Date : 25/01/2024

DOA : 24/1/2024 5:50PM

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 | EQUIPMENT | ₹ 9,000.00 |
| 4 | GENERAL PROCEDURE | ₹ 500.00 |
| 5 | INTENSIVIST CHARGES | ₹ 2,500.00 |
| 6 | LABORATORY | ₹ 495.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 2,000.00 |
| 9 | OP REGISTRATION | ₹ 150.00 |
| 10 | PHARMACY CHARGE | ₹ 4,311.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 3,000.00 |
| 12 | RADIOLOGY | ₹ 1,550.00 |
| 13 | TRANSPORT | ₹ 5,000.00 |
| Gross Amount | | ₹ 36,806.00 |
| Net Payable | | ₹ 36,806.00 |
| Advance Amount | | ₹ 42,000.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 5,194.00 |

Received Amount in Words : Forty-Two Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 24/01/2024 | MMH/HM/RECAP2024002 | CASH | Advance Amount | 42,000.00 |