

IN PATIENT SUMMARY BILL

UHID : MHI202381457
IP No : IPH202302579
Patient name : Mr.ULAGANATHANKUMARAN
Age : 20 Y 6 M 19 D/Male

Bill No : MMH/HM/IPH00600
Bill Date : 26/12/2023
DOA : 22/12/2023 2:13PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 10,250.00 |
| 3 | CARDIOLOGY PACKAGE-HEART | ₹ 16,000.00 |
| 4 | DIET CHARGES | ₹ 1,670.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,200.00 |
| 6 | EQUIPMENT | ₹ 1,000.00 |
| 7 | GENERAL PROCEDURE | ₹ 500.00 |
| 8 | INTENSIVIST CHARGES | ₹ 2,500.00 |
| 9 | LABORATORY | ₹ 18,191.00 |
| 10 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 11 | NURSING CHARGE | ₹ 3,000.00 |
| 12 | OP REGISTRATION | ₹ 150.00 |
| 13 | PHARMACY CHARGE | ₹ 12,680.00 |
| 14 | PROFESSIONAL TEAM FEES | ₹ 6,000.00 |
| 15 | RADIOLOGY | ₹ 1,200.00 |
| Gross Amount | | ₹ 75,141.00 |
| Net Payable | | ₹ 75,141.00 |
| Advance Amount | | ₹ 75,141.00 |
| Received Amount | | ₹ 0.00 |

Received Amount in Words : Seventy-Five Thousand One Hundred
Forty-One Only

SANTHOSH
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|-------------------|--------------|----------------|-----------------|
| 1 | 22/12/2023 | MMH/HM/RECAP00637 | CASH | Advance Amount | 50,000.00 |
| 2 | 24/12/2023 | MMH/HM/RECAP00654 | UPI | Advance Amount | 25,141.00 |