

IN PATIENT SUMMARY BILL

UHID : MHI202381461
IP No : IPH202302580
Patient name : Mr.J S BERNARD
Age : 60 Y 7 M 22 D/Male

Bill No : MMH/HM/IPH00622
Bill Date : 27/12/2023
DOA : 22/12/2023 4:45PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 37,500.00
3	DIET CHARGES	₹ 1,000.00
4	EQUIPMENT	₹ 125,400.00
5	GENERAL PROCEDURE	₹ 6,500.00
6	INTENSIVIST CHARGES	₹ 17,500.00
7	LABORATORY	₹ 38,836.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 12,500.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 54,027.00
12	PHYSIOTHERAPY	₹ 1,000.00
13	PROFESSIONAL TEAM FEES	₹ 24,337.00
14	RADIOLOGY	₹ 10,450.00
Gross Amount		₹ 330,000.00
Net Payable		₹ 330,000.00
Advance Amount		₹ 330,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Thirty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/12/2023	MMH/HM/RECAP00638	CARD	Advance Amount	46,000.00
2	22/12/2023	MMH/HM/RECAP00639	UPI	Advance Amount	4,000.00
3	27/12/2023	MMH/HM/RECAP00692	CASH	Advance Amount	200,000.00
4	27/12/2023	MMH/HM/RECAP00693	UPI	Advance Amount	50,000.00
5	27/12/2023	MMH/HM/RECAP00696	CASH	Advance Amount	30,000.00