

IN PATIENT SUMMARY BILL

UHID : MHI202381217
IP No : IPH202302472
Patient name : Mr.SUBBARAJ MAHENDRAN
Age : 44 Y 4 M 2 D/Male

Bill No : MMH/HM/IPH00655
Bill Date : 30/12/2023
DOA : 11/12/2023 10:04AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 93,375.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 11,141.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 12,800.00
6	EQUIPMENT	₹ 9,600.00
7	GENERAL PROCEDURE	₹ 9,500.00
8	INJECTION CHARGES	₹ 1,200.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 61,424.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 16,800.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 44,000.00
15	PHARMACY CHARGE	₹ 401,688.00
16	PHYSIOTHERAPY	₹ 16,100.00
17	PROFESSIONAL TEAM FEES	₹ 106,000.00
18	RADIOLOGY	₹ 48,380.00

Gross Amount ₹ **838,958.00**
Discount Amount ₹ **188,958.00**
Net Payable ₹ **650,000.00**
Advance Amount ₹ **650,000.00**
Received Amount ₹ **0.00**

Received Amount in Words : Six Lakh Fifty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/12/2023	MMH/HM/RECAP00516	CASH	Advance Amount	200,000.00
2	15/12/2023	MMH/HM/RECAP00554	CARD	Advance Amount	50,000.00
3	16/12/2023	MMH/HM/RECAP00561	NEFT	Advance Amount	200,000.00
4	26/12/2023	MMH/HM/RECAP00681	CASH	Advance Amount	50,000.00
5	28/12/2023	MMH/HM/RECAP00710	CASH	Advance Amount	150,000.00