

IN PATIENT SUMMARY BILL

UHID	: MHI202381476	Bill No	: MMH/HM/IPH202400012
IP No	: IPH2023002624	Bill Date	: 03/01/2024
Patient name	: Mrs.RAMANA.H	DOA	: 28/12/2023 1:24PM
Age	: 58 Y 3 M 23 D/Female	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.ANBARASU MOHANRAJ		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 35,500.00
3	BLOOD COMPONENTS	₹ 1,550.00
4	DIET CHARGES	₹ 7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 68,500.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 10,000.00
9	LABORATORY	₹ 29,369.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 9,600.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 39,500.00
14	PHARMACY CHARGE	₹ 151,098.00
15	PHYSIOTHERAPY	₹ 11,200.00
16	PROFESSIONAL FEES	₹ 25,000.00
17	RADIOLOGY	₹ 3,040.00
18	SURGICAL PACKAGE-HEART	₹ 7,793.00
19	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 405,000.00
Net Payable		₹ 405,000.00
Advance Amount		₹ 405,000.00
Received Amount		₹ 0.00

Received Amount in Words : Four Lakh Five Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/12/2023	MMH/HM/RECAP00707	NEFT	Advance Amount	80,000.00
2	28/12/2023	MMH/HM/RECAP00708	UPI	Advance Amount	15,500.00
3	28/12/2023	MMH/HM/RECAP00709	CASH	Advance Amount	199,500.00
4	30/12/2023	MMH/HM/RECAP00739	CARD	Advance Amount	70,000.00
5	03/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	40,000.00