

IN PATIENT SUMMARY BILL

UHID : MHI202381499

IP No : IPH2024000016

Patient name : Mrs.SHARON RUTH D

Age : 49 Y 5 M 21 D/Female

Bill No : MMH/HM/IPH202400022

Bill Date : 04/01/2024

DOA : 2/1/2024 3:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 5,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	CARDIOLOGY PACKAGE-HEART	₹ 55,875.00
5	DIET CHARGES	₹ 3,100.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
7	EQUIPMENT	₹ 1,000.00
8	GENERAL PROCEDURE	₹ 500.00
9	IMPLANT	₹ 120,000.00
10	LABORATORY	₹ 290.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 1,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 14,685.00
15	PROFESSIONAL TEAM FEES	₹ 80,000.00
16	RADIOLOGY	₹ 400.00
Gross Amount		₹ 286,000.00
Net Payable		₹ 286,000.00
Advance Amount		₹ 286,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Eighty-Six Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
2	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
3	02/01/2024	MMH/HM/RECAP2024000	NEFT	Advance Amount	176,000.00
4	04/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	10,000.00