

**IN PATIENT SUMMARY BILL**

UHID : MHI202381510  
IP No : IPH2023002610  
Patient name : Mrs.BOOPATHYAMMAL N  
Age : 70 Y 0 M 1 D/Female

Bill No : MMH/HM/IPH00627  
Bill Date : 28/12/2023  
DOA : 27/12/2023 10:38AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No            | Description            | Amount      |
|-----------------|------------------------|-------------|
| 1               | ADMINISTRATION CHARGES | ₹ 600.00    |
| 2               | BED CHARGES            | ₹ 7,500.00  |
| 3               | DIET CHARGES           | ₹ 1,500.00  |
| 4               | EQUIPMENT              | ₹ 11,500.00 |
| 5               | GENERAL PROCEDURE      | ₹ 1,500.00  |
| 6               | INTENSIVIST CHARGES    | ₹ 3,000.00  |
| 7               | LABORATORY             | ₹ 8,574.00  |
| 8               | MEDICAL RECORD CHARGE  | ₹ 200.00    |
| 9               | NURSING CHARGE         | ₹ 2,500.00  |
| 10              | OP REGISTRATION        | ₹ 150.00    |
| 11              | PHARMACY CHARGE        | ₹ 15,095.00 |
| 12              | PROFESSIONAL TEAM FEES | ₹ 6,000.00  |
| 13              | RADIOLOGY              | ₹ 1,900.00  |
| Gross Amount    |                        | ₹ 60,019.00 |
| Net Payable     |                        | ₹ 60,019.00 |
| Advance Amount  |                        | ₹ 60,019.00 |
| Received Amount |                        | ₹ 0.00      |

Received Amount in Words : Sixty Thousand Nineteen Only

IYAPPAN R

Authorised Signature

**Payment History**

| S.No | Receipt Date | Receipt Code      | Payment Mode | Trans. Type    | Received Amount |
|------|--------------|-------------------|--------------|----------------|-----------------|
| 1    | 27/12/2023   | MMH/HM/RECAP00687 | UPI          | Advance Amount | 50,000.00       |
| 2    | 28/12/2023   | MMH/HM/RECAP00705 | UPI          | Advance Amount | 10,019.00       |