

IN PATIENT SUMMARY BILL

UHID : MHI202381519

IP No : IPH2024000766

Patient name : Mr.RAJENDRAN V

Age : 61 Y 11 M 2 D/Male

Consultant Name : Dr.ANBARASU MOHANRAJ

Bill No : MMH/HM/IPH202400803

Bill Date : 06/04/2024

DOA : 1/4/2024 8:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 5,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 5,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 4,403.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 5,000.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 4,607.00
11	PHYSIOTHERAPY	₹ 700.00
12	PROFESSIONAL TEAM FEES	₹ 9,730.00
Gross Amount		₹ 50,140.00
Net Payable		₹ 50,140.00
Advance Amount		₹ 50,140.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty Thousand One Hundred Forty Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	30,000.00
2	05/04/2024	MMH/HM/RECAP2024009	CARD	Advance Amount	20,140.00