

IN PATIENT SUMMARY BILL

UHID : MHI202381551
IP No : IPH2023002627
Patient name : Mrs.MARY PREMA SHARMILA A
Age : 53 Y 9 M 7 D/Female

Bill No : MMH/HM/IPH00652
Bill Date : 30/12/2023
DOA : 28/12/2023 10:59PM
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	CARDIOLOGY PACKAGE-HEART	₹ 12,392.00
4	EQUIPMENT	₹ 1,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 2,500.00
7	LABORATORY	₹ 7,613.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,000.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 11,145.00
12	PROFESSIONAL FEES	₹ 2,000.00
13	RADIOLOGY	₹ 400.00
Gross Amount		₹ 48,000.00
Net Payable		₹ 48,000.00
Advance Amount		₹ 48,000.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Eight 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/RECAP00727	CARD	Advance Amount	30,000.00
2	29/12/2023	MMH/HM/RECAP00738	CARD	Advance Amount	18,000.00