

IN PATIENT SUMMARY BILL

UHID : MHI202381558

IP No : IPH2023002635

Patient name : Mr.RAVI SHANKAR.R

Age : 68 Y 3 M 23 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400005

Bill Date : 02/01/2024

DOA : 29/12/2023 4:39PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,750.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 8,900.00
6	GENERAL PROCEDURE	₹ 6,000.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 25,989.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 15,419.00
13	PROFESSIONAL TEAM FEES	₹ 14,000.00
14	RADIOLOGY	₹ 2,100.00
Gross Amount		₹ 98,108.00
Net Payable		₹ 98,108.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 48,108.00

Received Amount in Words : Ninety-Eight Thousand One Hundred Eight Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/HM/RECAP00734	CASH	Advance Amount	45,000.00
2	29/12/2023	MMH/HM/RECAP00735	CARD	Advance Amount	5,000.00
3	02/01/2024	MMH/HM/RECBD202400	AFFORDPLAN	Collected Amount	48,108.00