

IN PATIENT SUMMARY BILL

UHID : MHI202381582

IP No : IPH2023002641

Patient name : Mrs.JAYALAKSHMI A

Age : 74 Y 7 M 14 D/Female

Bill No : MMH/HM/IPH202400042

Bill Date : 06/01/2024

DOA : 30/12/2023 11:29PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 42,300.00
3	DIET CHARGES	₹ 7,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
5	EQUIPMENT	₹ 26,300.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 7,500.00
8	LABORATORY	₹ 31,718.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 9,200.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 19,038.00
13	PROFESSIONAL TEAM FEES	₹ 20,000.00
14	RADIOLOGY	₹ 12,350.00
Gross Amount		₹ 180,156.00
Net Payable		₹ 180,156.00
Advance Amount		₹ 188,712.00
Received Amount		₹ 0.00
Refund Amount		₹ 8,556.00

Received Amount in Words : One Lakh Eighty-Eight Thousand Seven Hundred Twelve Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/12/2023	MMH/HM/RECAP00748	CARD	Advance Amount	50,000.00
2	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
3	04/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	35,000.00
4	06/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	27,600.00
5	06/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	26,112.00