

IN PATIENT SUMMARY BILL

UHID : MHI202400001

IP No : IPH2024000003

Patient name : Mr.RAMESH M

Age : 54 Y 1 M 20 D/Male

Bill No : MMH/HM/IPH202400021

Bill Date : 04/01/2024

DOA : 1/1/2024 10:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 19,950.00
3	DIET CHARGES	₹ 3,327.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 13,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 15,373.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 5,200.00
11	OP REGISTRATION	₹ 150.00
12	PROFESSIONAL TEAM FEES	₹ 9,000.00
13	RADIOLOGY	₹ 3,200.00
Gross Amount		₹ 77,000.00
Net Payable		₹ 77,000.00
Advance Amount		₹ 77,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy-Seven Thousand Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/01/2024	MMH/HM/RECAP2024000	UPI	Advance Amount	20,000.00
2	02/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	15,000.00
3	03/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	25,000.00
4	04/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	17,000.00