

IN PATIENT SUMMARY BILL

| | | | |
|-----------------|----------------------|-------------|-----------------------|
| UHID | : MHI202481588 | Bill No | : MMH/HM/IPH202400026 |
| IP No | : IPH2024000024 | Bill Date | : 04/01/2024 |
| Patient name | : Mr.SIDDIQUZAMA | DOA | : 3/1/2024 11:36PM |
| Age | : 42 Y 4 M 20 D/Male | DOD | : |
| | | Entity Type | : CASH |
| | | Entity Name | : CASH |
| Consultant Name | : Dr.K.JAISHANKAR | | |

| S.No | Description | Amount |
|-----------------|------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 7,500.00 |
| 3 | DIET CHARGES | ₹ 1,300.00 |
| 4 | EQUIPMENT | ₹ 4,000.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | INTENSIVIST CHARGES | ₹ 2,500.00 |
| 7 | LABORATORY | ₹ 12,385.00 |
| 8 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 9 | NURSING CHARGE | ₹ 2,000.00 |
| 10 | OP REGISTRATION | ₹ 150.00 |
| 11 | PHARMACY CHARGE | ₹ 4,280.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 2,000.00 |
| 13 | RADIOLOGY | ₹ 800.00 |
| Gross Amount | | ₹ 38,215.00 |
| Net Payable | | ₹ 38,215.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 11,785.00 |

Received Amount in Words : Fifty Thousand Only

IYAPPAN R
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 03/01/2024 | MMH/HM/RECAP2024000 | UPI | Advance Amount | 50,000.00 |