

IN PATIENT SUMMARY BILL

UHID : MHI202481589

IP No : IPH2024000025

Patient name : Mr.JANARDHANAN S

Age : 83 Y 2 M 7 D/Male

Bill No : MMH/HM/IPH202400052

Bill Date : 08/01/2024

DOA : 4/1/2024 1:11AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 19,500.00
3	DIET CHARGES	₹ 5,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 12,600.00
6	GENERAL PROCEDURE	₹ 3,000.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 10,939.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,400.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 21,688.00
13	PROFESSIONAL FEES	₹ 6,000.00
14	PROFESSIONAL TEAM FEES	₹ 4,000.00
15	RADIOLOGY	₹ 1,950.00
16	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 97,427.00
Net Payable		₹ 97,427.00
Advance Amount		₹ 65,000.00
Received Amount		₹ 32,427.00

Received Amount in Words : Ninety-Seven Thousand Four Hundred
Twenty-Seven Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	50,000.00
2	06/01/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	15,000.00
3	08/01/2024	MMH/HM/RECBD202400	CARD	Collected Amount	32,427.00