

IN PATIENT SUMMARY BILL

UHID	: MHI202481609	Bill No	: MMH/HM/IPH202400044
IP No	: IPH2024000036	Bill Date	: 06/01/2024
Patient name	: Mrs.K RUKMANI	DOA	: 4/1/2024 3:10PM
Age	: 85 Y 0 M 4 D/Female	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.G. GNANAVELU		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 17,750.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 14,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 5,000.00
8	LABORATORY	₹ 17,905.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 25,000.00
13	PROFESSIONAL FEES	₹ 10,000.00
14	RADIOLOGY	₹ 4,450.00
15	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 107,055.00
Net Payable		₹ 107,055.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 57,055.00

Received Amount in Words : One Lakh Seven Thousand Fifty-Five 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	08/01/2024	MMH/HM/RECB2024000	CARD	Collected Amount	57,055.00