

IN PATIENT SUMMARY BILL

UHID : MHI202481637

IP No : IPH2024000086

Patient name : Mr.RAMESH S

Age : 56 Y 3 M 27 D/Male

Bill No : MMH/HM/IPH202400126

Bill Date : 17/01/2024

DOA : 10/1/2024 11:19AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 27,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,000.00
6	EQUIPMENT	₹ 18,900.00
7	GENERAL PROCEDURE	₹ 1,400.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 14,261.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,000.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 33,000.00
14	PHARMACY CHARGE	₹ 79,013.00
15	PHYSIOTHERAPY	₹ 7,700.00
16	PROFESSIONAL FEES	₹ 22,000.00
17	PROFESSIONAL TEAM FEES	₹ 10,000.00
18	RADIOLOGY	₹ 8,890.00
19	SURGICAL PACKAGE-HEART	₹ 9,786.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 260,500.00
Net Payable		₹ 260,500.00
Advance Amount		₹ 260,500.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Sixty Thousand Five Hundred Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	200,000.00
2	17/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	55,000.00
3	17/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	5,500.00