

IN PATIENT SUMMARY BILL

UHID : MHI202481668

IP No : IPH2024000051

Patient name : Mrs.LAKSHMI K

Age : 81 Y 1 M 0 D/Female

Bill No : MMH/HM/IPH202400100

Bill Date : 13/01/2024

DOA : 7/1/2024 1:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 29,850.00
3	DIET CHARGES	₹ 6,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 31,100.00
6	GENERAL PROCEDURE	₹ 6,500.00
7	INTENSIVIST CHARGES	₹ 7,000.00
8	LABORATORY	₹ 17,251.00
9	NURSING CHARGE	₹ 7,000.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 32,787.00
12	PROFESSIONAL FEES	₹ 23,692.00
13	PULMONOLOGIST	₹ 1,500.00
14	RADIOLOGY	₹ 3,570.00
Gross Amount		₹ 170,000.00
Net Payable		₹ 170,000.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/01/2024	MMH/HM/RECAP2024000	CASH	Advance Amount	50,000.00
2	11/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	50,000.00
3	12/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	45,000.00
4	12/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	25,000.00