

IN PATIENT SUMMARY BILL

UHID	: MHI202481670	Bill No	: MMH/HM/IPH202400075
IP No	: IPH2024000054	Bill Date	: 09/01/2024
Patient name	: Mr.SUNDHARAM	DOA	: 7/1/2024 8:56PM
Age	: 63 Y 0 M 2 D/Male	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.DURAI RAVI		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DOCTOR FEES	₹ 12,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	EQUIPMENT	₹ 12,000.00
6	GENERAL PROCEDURE	₹ 6,500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,106.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,000.00
11	OP REGISTRATION	₹ 150.00
12	OPERATION THEATRE CHARGES	₹ 37,500.00
13	PHARMACY CHARGE	₹ 20,699.00
14	PROFESSIONAL TEAM FEES	₹ 60,000.00
15	RADIOLOGY	₹ 600.00
16	SURGICAL PACKAGE-HEART	₹ 6,420.00
Gross Amount		₹ 174,375.00
Net Payable		₹ 174,375.00
Advance Amount		₹ 174,375.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Four Thousand Three
Hundred Seventy-Five 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	UPI	Advance Amount	50,000.00
2	09/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	35,625.00
3	09/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	64,375.00
4	09/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	24,375.00