

IN PATIENT SUMMARY BILL

UHID : MHI202481679

IP No : IPH2024000168

Patient name : Mrs.JAYALAKSHMI.M

Age : 64 Y 4 M 0 D/Female

Bill No : MMH/HM/IPH202400178

Bill Date : 27/01/2024

DOA : 23/1/2024 6:38PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,750.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 15,750.00
4	DIET CHARGES	₹ 4,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 4,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 415,300.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 3,995.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,400.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 36,774.00
15	PROFESSIONAL TEAM FEES	₹ 125,000.00
16	RADIOLOGY	₹ 5,981.00
Gross Amount		₹ 625,000.00
Net Payable		₹ 625,000.00
Advance Amount		₹ 625,000.00
Received Amount		₹ 0.00

Received Amount in Words : Six Lakh Twenty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	400,000.00
2	27/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	225,000.00