

IN PATIENT SUMMARY BILL

UHID : MHI202481724

IP No : IPH2024000078

Patient name : Mrs.KANCHANA A

Age : 49 Y 0 M 2 D/Female

Bill No : MMH/HM/IPH202400089

Bill Date : 11/01/2024

DOA : 9/1/2024 9:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 9,900.00 |
| 3 | DIET CHARGES | ₹ 2,100.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,600.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | LABORATORY | ₹ 4,368.00 |
| 7 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 8 | NURSING CHARGE | ₹ 1,600.00 |
| 9 | OP REGISTRATION | ₹ 150.00 |
| 10 | PHARMACY CHARGE | ₹ 3,128.00 |
| 11 | PROFESSIONAL FEES | ₹ 6,000.00 |
| 12 | RADIOLOGY | ₹ 400.00 |
| Gross Amount | | ₹ 30,546.00 |
| Net Payable | | ₹ 30,546.00 |
| Advance Amount | | ₹ 10,000.00 |
| Received Amount | | ₹ 20,546.00 |

Received Amount in Words : Thirty Thousand Five Hundred Forty-Six Only

IYAPPAN R

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 09/01/2024 | MMH/HM/RECAP2024001 | CASH | Advance Amount | 10,000.00 |
| 2 | 11/01/2024 | MMH/HM/RECB202400 | CASH | Collected Amount | 20,546.00 |