IN PATIENT SUMMARY BILL

UHID	:	MHI202481741	Bill No	:	MMH/HM/IPH202400312
IP No	:	IPH2024000264	Bill Date	:	12/02/2024
Patient name	:	Mrs.POOMARI R	DOA	:	5/2/2024 10:47AM
Age	:	37 Y 8 M 28 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	5,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	17,000.00
7	GENERAL PROCEDURE	₹	5,220.00
8	IMPLANT	₹	80,360.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	INVESTIGATIONS	₹	1,750.00
11	LABORATORY	₹	22,062.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	7,200.00
14	OP REGISTRATION	₹	150.00
15	OPERATION THEATRE CHARGES	₹	33,000.00
16	PHARMACY CHARGE	₹	128,718.00
17	PHYSIOTHERAPY	₹	8,400.00
18	RADIOLOGY	₹	2,930.00
19	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**344,590.00**
Net Payable	₹	**344,590.00**
Advance Amount	₹	**344,590.00**
Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Forty-Four Thousand Five Hundred Ninety Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	200,000.00
2	10/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	114,590.00
3	11/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	2,500.00
4	11/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	27,500.00