

IN PATIENT SUMMARY BILL

UHID : MHI202481748

IP No : IPH2024000138

Patient name : Mrs.MAHALAKSHMI V

Age : 53 Y 7 M 14 D/Female

Bill No : MMH/HM/IPH202400146

Bill Date : 20/01/2024

DOA : 18/1/2024 3:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 5,500.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 2,400.00
7	GENERAL PROCEDURE	₹ 500.00
8	LABORATORY	₹ 2,565.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,600.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 5,328.00
13	PROFESSIONAL TEAM FEES	₹ 18,000.00
Gross Amount		₹ 57,043.00
Net Payable		₹ 57,043.00
Advance Amount		₹ 57,043.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty-Seven Thousand Forty-Three Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	20,000.00
2	20/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	37,043.00