

IN PATIENT SUMMARY BILL

UHID : MHP202400297

IP No : IPH2024000089

Patient name : Mrs.BRINTHA.S

Age : 77 Y 11 M 27 D/Female

Bill No : MMH/HM/IPH202400109

Bill Date : 13/01/2024

DOA : 10/1/2024 2:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ELAKIYA

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 12,828.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 28,129.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 17,043.00
12	PROFESSIONAL FEES	₹ 16,600.00
13	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 95,000.00
Net Payable		₹ 95,000.00
Advance Amount		₹ 95,000.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/01/2024	MMH/HM/RECAP2024001	UPI	Advance Amount	20,000.00
2	13/01/2024	MMH/HM/RECAP2024001	AFFORDPLAN	Advance Amount	75,000.00