

IN PATIENT SUMMARY BILL

UHID : MHI202481759

IP No : IPH2024000116

Patient name : Mrs.BANUMATHY.E

Age : 77 Y 1 M 22 D/Female

Bill No : MMH/HM/IPH202400123

Bill Date : 17/01/2024

DOA : 13/1/2024 10:50AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,875.00
3	DIET CHARGES	₹ 2,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 400.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	IMPLANT	₹ 68,844.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 730.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,400.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 30,606.00
14	PROFESSIONAL TEAM FEES	₹ 65,295.00
15	RADIOLOGY	₹ 800.00
Gross Amount		₹ 185,000.00
Net Payable		₹ 185,000.00
Advance Amount		₹ 185,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eighty-Five Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	100,000.00
2	13/01/2024	MMH/HM/RECAP2024001	AFFORDPLAN	Advance Amount	50,000.00
3	14/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	35,000.00