

IN PATIENT SUMMARY BILL

UHID : MHI202481763

IP No : IPH2024000568

Patient name : Mr.RAJAPPA S

Age : 81 Y 3 M 1 D/Male

Bill No : MMH/HM/IPH202400556

Bill Date : 11/03/2024

DOA : 9/3/2024 8:22PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 2,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 11,052.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 5,587.00
12	PROFESSIONAL TEAM FEES	₹ 9,000.00
13	RADIOLOGY	₹ 1,120.00
Gross Amount		₹ 46,209.00
Net Payable		₹ 46,209.00
Advance Amount		₹ 46,209.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Six Thousand Two Hundred Nine Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/03/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	30,000.00
2	11/03/2024	MMH/HM/RECAP2024000	CARD	Advance Amount	16,209.00