

IN PATIENT SUMMARY BILL

UHID : MHI202481780

IP No : IPH2024000170

Patient name : Mrs.SAMPATHRANI D

Age : 46 Y 0 M 9 D/Female

Bill No : MMH/HM/IPH202400170

Bill Date : 25/01/2024

DOA : 23/1/2024 9:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 2,750.00
3	CARDIOLOGY PACKAGE-HEART	₹ 56,000.00
4	DIET CHARGES	₹ 2,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 290.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 800.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 15,927.00
Gross Amount		₹ 80,117.00
Net Payable		₹ 80,117.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 30,117.00

Received Amount in Words : Eighty Thousand One Hundred Seventeen Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	50,000.00
2	25/01/2024	MMH/HM/RECBBD202401	UPI	Collected Amount	30,117.00