

IN PATIENT SUMMARY BILL

UHID : MHI202481784

IP No : IPH2024000107

Patient name : Mrs.DHANABAKIYAM V

Age : 75 Y 10 M 5 D/Female

Bill No : MMH/HM/IPH202400122

Bill Date : 17/01/2024

DOA : 12/1/2024 12:40PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,750.00
3	DIET CHARGES	₹ 4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 30,900.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 22,791.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 4,400.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 27,933.00
13	PROFESSIONAL TEAM FEES	₹ 13,075.00
14	RADIOLOGY	₹ 4,550.00
Gross Amount		₹ 129,949.00
Net Payable		₹ 129,949.00
Advance Amount		₹ 129,949.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty-Nine Thousand Nine Hundred Forty-Nine Only

IYAPPAN R  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	50,000.00
2	16/01/2024	MMH/HM/RECAP2024001	AFFORDPLAN	Advance Amount	79,949.00