

IN PATIENT SUMMARY BILL

UHID : MHI202481792

IP No : IPH2024000111

Patient name : Mr.R S RAJAGOPALAN

Age : 85 Y 1 M 12 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400118

Bill Date : 17/01/2024

DOA : 12/1/2024 7:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 9,900.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 19,950.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	EQUIPMENT	₹ 16,150.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 26,482.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,000.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 15,826.00
14	PROFESSIONAL FEES	₹ 8,950.00
15	RADIOLOGY	₹ 3,850.00
Gross Amount		₹ 120,458.00
Net Payable		₹ 120,458.00
Advance Amount		₹ 120,458.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Twenty Thousand Four Hundred Fifty-Eight 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	UPI	Advance Amount	50,000.00
2	15/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	70,458.00