

IN PATIENT SUMMARY BILL

UHID : MHI202481820

IP No : IPH2024000119

Patient name : Mr.VEDIYAPPAN CHINNASAMY

Age : 43 Y 9 M 9 D/Male

Bill No : MMH/HM/IPH202400158

Bill Date : 24/01/2024

DOA : 15/1/2024 10:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 38,850.00
3	BLOOD COMPONENTS	₹ 500.00
4	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
5	DIET CHARGES	₹ 10,200.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 6,400.00
7	EQUIPMENT	₹ 17,700.00
8	GENERAL PROCEDURE	₹ 1,150.00
9	LABORATORY	₹ 26,384.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,400.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 37,500.00
14	PHARMACY CHARGE	₹ 97,067.00
15	PHYSIOTHERAPY	₹ 7,700.00
16	PROFESSIONAL TEAM FEES	₹ 8,000.00
17	RADIOLOGY	₹ 5,040.00
18	ULTRASOUND	₹ 4,000.00
Gross Amount		₹ 283,841.00
Net Payable		₹ 283,841.00
Advance Amount		₹ 283,841.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Eighty-Three Thousand Eight Hundred Forty-One Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	16,000.00
2	18/01/2024	MMH/HM/RECAP2024001	CASH	Advance Amount	200,000.00
3	24/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	67,841.00