

IN PATIENT SUMMARY BILL

UHID : MHI202481826

IP No : IPH2024000199

Patient name : Mrs.RAJESHWARI

Age : 57 Y 8 M 25 D/Female

Bill No : MMH/HM/IPH202400247

Bill Date : 03/02/2024

DOA : 29/1/2024 11:31AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 25,250.00
3	BLOOD COMPONENTS	₹ 500.00
4	CARDIOLOGY PACKAGE-HEART	₹ 60,000.00
5	DIET CHARGES	₹ 5,700.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
7	EQUIPMENT	₹ 46,600.00
8	GENERAL PROCEDURE	₹ 8,275.00
9	INTENSIVIST CHARGES	₹ 10,500.00
10	LABORATORY	₹ 15,318.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,300.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 18,250.00
15	PHARMACY CHARGE	₹ 107,197.00
16	PHYSIOTHERAPY	₹ 8,400.00
17	PROFESSIONAL TEAM FEES	₹ 25,000.00
18	RADIOLOGY	₹ 3,960.00
Gross Amount		₹ 345,000.00
Net Payable		₹ 345,000.00
Advance Amount		₹ 345,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Forty-Five Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	145,000.00
2	29/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	100,000.00
3	02/02/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	50,000.00
4	02/02/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	50,000.00