

IN PATIENT SUMMARY BILL

UHID : MHI202481837

IP No : IPH2024000131

Patient name : Mr.MANI K

Age : 68 Y 7 M 5 D/Male

Consultant Name : Dr.G. GNANAVELU

Bill No : MMH/HM/IPH202400151

Bill Date : 20/01/2024

DOA : 17/1/2024 1:18PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 3,400.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 4,765.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,400.00
9	OP REGISTRATION	₹ 150.00
10	PROFESSIONAL TEAM FEES	₹ 12,000.00
11	RADIOLOGY	₹ 3,500.00
Gross Amount		₹ 38,165.00
Net Payable		₹ 38,165.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 18,165.00

Received Amount in Words : Thirty-Eight Thousand One Hundred Sixty-Five Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/01/2024	MMH/HM/RECAP2024001	CARD	Advance Amount	20,000.00
2	20/01/2024	MMH/HM/RECB202401	CARD	Collected Amount	18,165.00