

IN PATIENT SUMMARY BILL

UHID : MHI202481933

IP No : IPH2024000165

Patient name : Mrs.INIPOTHAM.M

Age : 65 Y 2 M 18 D/Female

Bill No : MMH/HM/IPH202400203

Bill Date : 30/01/2024

DOA : 22/1/2024 9:12PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 31,500.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 9,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 17,500.00
7	G.I.PROCEDURE	₹ 20,000.00
8	GENERAL PROCEDURE	₹ 2,075.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 29,347.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 8,800.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 32,750.00
15	PHARMACY CHARGE	₹ 75,210.00
16	PHYSIOTHERAPY	₹ 7,000.00
17	PROFESSIONAL TEAM FEES	₹ 72,000.00
18	RADIOLOGY	₹ 8,810.00
19	ULTRASOUND	₹ 4,000.00
Gross Amount		₹ 329,642.00
Net Payable		₹ 329,642.00
Advance Amount		₹ 285,000.00
Received Amount		₹ 44,642.00

Received Amount in Words : Three Lakh Twenty-Nine Thousand Six Hundred Forty-Two Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	30,000.00
2	24/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	200,000.00
3	24/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	55,000.00
4	30/01/2024	MMH/HM/RECBD202401	UPI	Collected Amount	44,642.00