

IN PATIENT SUMMARY BILL

UHID : MHI202481936

IP No : IPH2024000190

Patient name : Mrs.MALLIGESWARI.C

Age : 74 Y 2 M 14 D/Female

Bill No : MMH/HM/IPH202400250

Bill Date : 03/02/2024

DOA : 28/1/2024 9:34AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 3,600.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 17,000.00
7	G.I.PROCEDURE	₹ 20,000.00
8	GENERAL PROCEDURE	₹ 700.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 14,862.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 30,500.00
15	PHARMACY CHARGE	₹ 82,429.00
16	PHYSIOTHERAPY	₹ 7,700.00
17	PROFESSIONAL TEAM FEES	₹ 106,000.00
18	RADIOLOGY	₹ 3,880.00
19	SURGICAL PACKAGE-HEART	₹ 50,979.00
20	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 398,100.00
Net Payable		₹ 398,100.00
Advance Amount		₹ 398,100.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Ninety-Eight Thousand One Hundred Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	275,000.00
2	03/02/2024	MMH/HM/RECAP2024002	AFFORDPLAN	Advance Amount	123,100.00