

IN PATIENT SUMMARY BILL

UHID : MHI202481972

IP No : IPH2024000178

Patient name : Mrs.KAMALA K

Age : 60 Y 0 M 28 D/Female

Bill No : MMH/HM/IPH202400196

Bill Date : 29/01/2024

DOA : 26/1/2024 4:57PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 19,950.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 2,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 6,338.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 4,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 14,449.00
14	PROFESSIONAL TEAM FEES	₹ 9,000.00
15	RADIOLOGY	₹ 800.00
Gross Amount		₹ 83,487.00
Net Payable		₹ 83,487.00
Advance Amount		₹ 46,000.00
Received Amount		₹ 37,487.00

Received Amount in Words : Eighty-Three Thousand Four Hundred Eighty-Seven Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	30,000.00
2	27/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	16,000.00
3	29/01/2024	MMH/HM/RECBD202401	CASH	Collected Amount	37,487.00