

IN PATIENT SUMMARY BILL

UHID : MHI202482117

IP No : IPH2024000242

Patient name : Mrs.RAJAM

Age : 93 Y 0 M 3 D/Female

Bill No : MMH/HM/IPH202400255

Bill Date : 05/02/2024

DOA : 2/2/2024 1:45AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 26,250.00
3	DIET CHARGES	₹ 3,400.00
4	EQUIPMENT	₹ 9,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	INTENSIVIST CHARGES	₹ 10,500.00
7	LABORATORY	₹ 17,382.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 6,000.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 11,747.00
12	PROFESSIONAL TEAM FEES	₹ 27,000.00
13	RADIOLOGY	₹ 3,150.00
Gross Amount		₹ 115,879.00
Net Payable		₹ 115,879.00
Advance Amount		₹ 115,879.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifteen Thousand Eight Hundred Seventy-Nine Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	35,000.00
2	05/02/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	80,879.00