

IN PATIENT SUMMARY BILL

UHID : MHI202482164

IP No : IPH2024000254

Patient name : Mrs.SRIDEVI

Age : 50 Y 1 M 22 D/Female

Bill No : MMH/HM/IPH202400254

Bill Date : 05/02/2024

DOA : 4/2/2024 12:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 500.00
4	INTENSIVIST CHARGES	₹ 2,500.00
5	LABORATORY	₹ 165.00
6	MEDICAL RECORD CHARGE	₹ 200.00
7	NURSING CHARGE	₹ 2,000.00
8	OP REGISTRATION	₹ 150.00
9	PHARMACY CHARGE	₹ 1,821.00
10	PROFESSIONAL TEAM FEES	₹ 3,000.00
11	RADIOLOGY	₹ 400.00
Gross Amount		₹ 18,836.00
Net Payable		₹ 18,836.00
Advance Amount		₹ 18,836.00
Received Amount		₹ 0.00

Received Amount in Words : Eighteen Thousand Eight Hundred Thirty-Six Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	10,000.00
2	04/02/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	8,836.00