

IN PATIENT SUMMARY BILL

UHID : MHI202482166

IP No : IPH2024000256

Patient name : Dr.AMARESAN

Age : 87 Y 1 M 2 D/Male

Consultant Name : Dr.SUPRAJA K

Bill No : MMH/HM/IPH202400277

Bill Date : 07/02/2024

DOA : 4/2/2024 11:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ACCOMMODATION	₹ 10,000.00
2	ADMINISTRATION CHARGES	₹ 650.00
3	BED CHARGES	₹ 19,950.00
4	DIET CHARGES	₹ 6,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 20,500.00
7	GENERAL PROCEDURE	₹ 1,172.00
8	INTENSIVIST CHARGES	₹ 8,000.00
9	LABORATORY	₹ 38,843.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 14,695.00
14	PROFESSIONAL TEAM FEES	₹ 19,000.00
15	RADIOLOGY	₹ 3,240.00
Gross Amount		₹ 150,000.00
Net Payable		₹ 150,000.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty Thousand 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	CARD	Advance Amount	50,000.00
2	07/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	47,000.00
3	07/02/2024	MMH/HM/RECAP2024003	UPI	Advance Amount	53,000.00