

IN PATIENT SUMMARY BILL

UHID	:	MHI202482179	Bill No	:	MMH/HM/IPH202400322
IP No	:	IPH2024000307	Bill Date	:	12/02/2024
Patient name	:	Mrs.POONAMBAL .T	DOA	:	10/2/2024 3:00AM
Age	:	63 Y 10 M 28 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,375.00
3	CASUALTY	₹ 1,200.00
4	DIET CHARGES	₹ 2,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 7,231.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 9,330.00
14	PROFESSIONAL TEAM FEES	₹ 6,000.00
15	RADIOLOGY	₹ 2,800.00
		₹ 52,586.00
		₹ 52,586.00
		₹ 50,000.00
		₹ 2,586.00

Received Amount in Words : Fifty-Two Thousand Five Hundred Eighty-Six
Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	50,000.00
2	12/02/2024	MMH/HM/RECBD202402	UPI	Collected Amount	2,586.00