

IN PATIENT SUMMARY BILL

UHID : MHI202482194

IP No : IPH2024000292

Patient name : Mrs.HAJEERA PARVEEN

Age : 57 Y 7 M 30 D/Female

Bill No : MMH/HM/IPH202400301

Bill Date : 10/02/2024

DOA : 7/2/2024 4:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,408.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 290.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 14,442.00
12	RADIOLOGY	₹ 1,460.00
Gross Amount		₹ 50,000.00
Net Payable		₹ 50,000.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty Thousand Only

PRAVEEN KUMAR  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	50,000.00