

IN PATIENT SUMMARY BILL

UHID : MHI202482212

IP No : IPH2024000989

Patient name : Mrs.PARVATHI

Age : 66 Y 10 M 20 D/Female

Bill No : MMH/HM/IPH202400970

Bill Date : 25/04/2024

DOA : 24/4/2024 3:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 600.00    |
| 2               | BED CHARGES                 | ₹ 6,225.00  |
| 3               | DIALYSIS / DIALYZER         | ₹ 17,500.00 |
| 4               | DIET CHARGES                | ₹ 1,300.00  |
| 5               | DUTY MEDICAL OFFICER CHARGE | ₹ 800.00    |
| 6               | EQUIPMENT                   | ₹ 17,600.00 |
| 7               | GENERAL PROCEDURE           | ₹ 7,500.00  |
| 8               | INTENSIVIST CHARGES         | ₹ 2,500.00  |
| 9               | IP REGISTRATION             | ₹ 150.00    |
| 10              | LABORATORY                  | ₹ 24,071.00 |
| 11              | MEDICAL RECORD CHARGE       | ₹ 200.00    |
| 12              | NURSING CHARGE              | ₹ 2,800.00  |
| 13              | PROFESSIONAL TEAM FEES      | ₹ 12,000.00 |
| 14              | RADIOLOGY                   | ₹ 1,520.00  |
| Gross Amount    |                             | ₹ 94,766.00 |
| Net Payable     |                             | ₹ 94,766.00 |
| Advance Amount  |                             | ₹ 75,000.00 |
| Received Amount |                             | ₹ 19,766.00 |

Received Amount in Words : Ninety-Four Thousand Seven Hundred Sixty-Six Only

PRAVEEN  
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code        | Payment Mode | Trans. Type      | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1    | 24/04/2024   | MMH/HM/RECAP2024011 | CARD         | Advance Amount   | 25,000.00       |
| 2    | 25/04/2024   | MMH/HM/RECAP2024011 | AFFORDPLAN   | Advance Amount   | 50,000.00       |
| 3    | 25/04/2024   | MMH/HM/RECBD202408  | CARD         | Collected Amount | 19,766.00       |