

IN PATIENT SUMMARY BILL

UHID : MHI202482286

IP No : IPH2024000315

Patient name : Mr.CHANDRAN

Age : 57 Y 9 M 16 D/Male

Bill No : MMH/HM/IPH202400332

Bill Date : 13/02/2024

DOA : 10/2/2024 5:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 17,325.00
3	DIET CHARGES	₹ 3,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 12,540.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 2,400.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 9,318.00
11	PROFESSIONAL TEAM FEES	₹ 9,000.00
12	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 60,533.00
Net Payable		₹ 60,533.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 50,533.00

Received Amount in Words : Sixty Thousand Five Hundred Thirty-Three 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	UPI	Advance Amount	10,000.00
2	13/02/2024	MMH/HM/RECB202402	CASH	Collected Amount	50,533.00