

IN PATIENT SUMMARY BILL

UHID : MHI202482337

IP No : IPH2024000339

Patient name : Mr.RAJASEKARAN M

Age : 75 Y 4 M 18 D/Male

Bill No : MMH/HM/IPH202400358

Bill Date : 17/02/2024

DOA : 13/2/2024 2:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 21,875.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 6,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 25,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 19,759.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 6,400.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 29,384.00
14	PROFESSIONAL TEAM FEES	₹ 21,000.00
15	RADIOLOGY	₹ 3,150.00
Gross Amount		₹ 157,918.00
Net Payable		₹ 157,918.00
Advance Amount		₹ 157,918.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty-Seven Thousand Nine Hundred Eighteen Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	50,000.00
2	14/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	30,000.00
3	17/02/2024	MMH/HM/RECAP2024004	CASH	Advance Amount	77,918.00