

IN PATIENT SUMMARY BILL

UHID : MHI202482381

IP No : IPH2024000369

Patient name : Mr.VISUVALINGA SARMA

Age : 76 Y 0 M 26 D/Male

Bill No : MMH/HM/IPH202400373

Bill Date : 19/02/2024

DOA : 15/2/2024 4:41PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 12,000.00
3	DIET CHARGES	₹ 4,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	EQUIPMENT	₹ 21,300.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 2,740.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 24,665.00
12	PROFESSIONAL TEAM FEES	₹ 19,250.00
13	PULMONOLOGIST	₹ 1,500.00
14	RADIOLOGY	₹ 800.00
Gross Amount		₹ 93,205.00
Net Payable		₹ 93,205.00
Advance Amount		₹ 93,205.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Three Thousand Two Hundred Five Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/02/2024	MMH/HM/RECAP2024003	CARD	Advance Amount	30,000.00
2	19/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	30,000.00
3	19/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	33,205.00