

IN PATIENT SUMMARY BILL

UHID : MHI202482680

IP No : IPH2024000676

Patient name : Mr.SIVARAMAKRISHNAN

Age : 61 Y 8 M 22 D/Male

Bill No : MMH/HM/IPH202400666

Bill Date : 22/03/2024

DOA : 20/3/2024 11:48AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUPRAJA K

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	DIET CHARGES	₹ 2,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
5	EQUIPMENT	₹ 9,100.00
6	GENERAL PROCEDURE	₹ 1,275.00
7	LABORATORY	₹ 8,224.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 1,600.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 7,268.00
12	PROFESSIONAL TEAM FEES	₹ 19,500.00
13	RADIOLOGY	₹ 1,320.00
Gross Amount		₹ 63,537.00
Net Payable		₹ 63,537.00
Advance Amount		₹ 63,537.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty-Three Thousand Five Hundred
Thirty-Seven Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	20,000.00
2	22/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	43,537.00