

IN PATIENT SUMMARY BILL

UHID : MHI202482686

IP No : IPH2024000705

Patient name : Mr.THIYAGARAJAN

Age : 65 Y 10 M 22 D/Male

Bill No : MMH/HM/IPH202400735

Bill Date : 31/03/2024

DOA : 25/3/2024 11:02AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 15,000.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,200.00
6	EQUIPMENT	₹ 18,500.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 20,248.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 21,000.00
14	PHARMACY CHARGE	₹ 71,361.00
15	PHYSIOTHERAPY	₹ 9,100.00
16	PROFESSIONAL TEAM FEES	₹ 55,795.00
17	RADIOLOGY	₹ 5,590.00
18	SURGICAL PACKAGE-HEART	₹ 17,356.00
Gross Amount		₹ 265,000.00
Net Payable		₹ 265,000.00
Advance Amount		₹ 265,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Sixty-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	250,000.00
2	31/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	15,000.00