

IN PATIENT SUMMARY BILL

UHID : MHI202482730

IP No : IPH2024000535

Patient name : Mr.RAVI C D

Age : 68 Y 10 M 27 D/Male

Bill No : MMH/HM/IPH202400563

Bill Date : 12/03/2024

DOA : 6/3/2024 12:04PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 16,700.00
7	G.I.PROCEDURE	₹ 20,000.00
8	GENERAL PROCEDURE	₹ 900.00
9	INTENSIVIST CHARGES	₹ 5,000.00
10	LABORATORY	₹ 18,907.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OP REGISTRATION	₹ 150.00
14	OPERATION THEATRE CHARGES	₹ 27,500.00
15	PHARMACY CHARGE	₹ 78,815.00
16	PHYSIOTHERAPY	₹ 8,400.00
17	PROFESSIONAL TEAM FEES	₹ 91,000.00
18	RADIOLOGY	₹ 5,880.00
19	SURGICAL PACKAGE-HEART	₹ 66,648.00
Gross Amount		₹ 395,000.00
Net Payable		₹ 395,000.00
Advance Amount		₹ 395,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Ninety-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/03/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	375,000.00
2	12/03/2024	MMH/HM/RECAP2024006	CARD	Advance Amount	20,000.00