

IN PATIENT SUMMARY BILL

UHID : MHI202482873

IP No : IPH2024000648

Patient name : Mr.RAJA P

Age : 48 Y 1 M 5 D/Male

Bill No : MMH/HM/IPH202400678

Bill Date : 25/03/2024

DOA : 18/3/2024 11:10AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 34,800.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,200.00
6	EQUIPMENT	₹ 17,700.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 20,863.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 7,200.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 31,250.00
14	PHARMACY CHARGE	₹ 81,505.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	PROFESSIONAL TEAM FEES	₹ 107,000.00
17	RADIOLOGY	₹ 5,160.00
18	SURGICAL PACKAGE-HEART	₹ 42,272.00
Gross Amount		₹ 375,000.00
Net Payable		₹ 375,000.00
Advance Amount		₹ 375,000.00
Received Amount		₹ 0.00

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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	201,000.00
2	18/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	99,000.00
3	21/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	50,000.00
4	21/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	25,000.00