

IN PATIENT SUMMARY BILL

UHID : MHI202483096

IP No : IPH2024000896

Patient name : Mr.RAJENDRAN.P

Age : 59 Y 3 M 16 D/Male

Bill No : MMH/HM/IPH202400928

Bill Date : 21/04/2024

DOA : 14/4/2024 11:34AM

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	₹ 6,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 9,200.00
6	EQUIPMENT	₹ 16,500.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	IP REGISTRATION	₹ 212.00
10	LABORATORY	₹ 19,672.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 7,200.00
13	OPERATION THEATRE CHARGES	₹ 33,250.00
14	PHARMACY CHARGE	₹ 84,386.00
15	PHYSIOTHERAPY	₹ 9,800.00
16	PROFESSIONAL TEAM FEES	₹ 58,000.00
17	RADIOLOGY	₹ 4,780.00
Gross Amount		₹ 272,000.00
Net Payable		₹ 272,000.00
Advance Amount		₹ 272,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Seventy-Two Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	200,000.00
2	14/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	72,000.00