

**IN PATIENT SUMMARY BILL**

UHID : MHI202483154  
IP No : IPH2024000760  
Patient name : Mr.JAGANNATHAN.K  
Age : 91 Y 5 M 22 D/Male

Bill No : MMH/HM/IPH202400740  
Bill Date : 01/04/2024  
DOA : 30/3/2024 7:58PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 1,700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,000.00
8	LABORATORY	₹ 14,257.50
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 3,300.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 1,456.00
13	PROFESSIONAL FEES	₹ 7,000.00
14	RADIOLOGY	₹ 400.00
<b>Gross Amount</b>		₹ <b>45,113.50</b>
<b>Net Payable</b>		₹ <b>45,114.00</b>
<b>Advance Amount</b>		₹ <b>50,000.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>
<b>Refund Amount</b>		₹ <b>4,886.00</b>

Received Amount in Words : Fifty Thousand Only

ASHWIN  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	50,000.00