

IN PATIENT SUMMARY BILL

UHID : MHI202483167

IP No : IPH2024000963

Patient name : Mrs.PIYARI BAI

Age : 72 Y 3 M 10 D/Female

Bill No : MMH/HM/IPH202401000

Bill Date : 29/04/2024

DOA : 22/4/2024 11:30AM

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                | ₹ 8,300.00  |
| 5    | DUTY MEDICAL OFFICER CHARGE | ₹ 9,200.00  |
| 6    | EQUIPMENT                   | ₹ 16,329.00 |
| 7    | GENERAL PROCEDURE           | ₹ 900.00    |
| 8    | INTENSIVIST CHARGES         | ₹ 5,000.00  |
| 9    | IP REGISTRATION             | ₹ 200.00    |
| 10   | LABORATORY                  | ₹ 19,140.00 |
| 11   | MEDICAL RECORD CHARGE       | ₹ 200.00    |
| 12   | NURSING CHARGE              | ₹ 7,200.00  |
| 13   | OPERATION THEATRE CHARGES   | ₹ 24,250.00 |
| 14   | PHARMACY CHARGE             | ₹ 86,851.00 |
| 15   | PHYSIOTHERAPY               | ₹ 8,400.00  |
| 16   | PROFESSIONAL TEAM FEES      | ₹ 65,000.00 |
| 17   | RADIOLOGY                   | ₹ 4,930.00  |

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    | 22/04/2024   | MMH/HM/RECAP202401000 | CARD         | Advance Amount | 100,000.00      |
| 2    | 22/04/2024   | MMH/HM/RECAP202401000 | AFFORDPLAN   | Advance Amount | 100,000.00      |
| 3    | 28/04/2024   | MMH/HM/RECAP202401000 | UPI          | Advance Amount | 72,000.00       |