

IN PATIENT SUMMARY BILL

UHID : MHI202483167 Bill No : MMH/HM/IPH202401000
 IP No : IPH2024000963 Bill Date : 29/04/2024
 Patient name : Mrs.PIYARI BAI DOA : 22/4/2024 11:30AM
 Age : 72 Y 3 M 10 D/Female 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
		₹ 272,000.00
		₹ 272,000.00
		₹ 272,000.00
		₹ 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/RECAP2024010	CARD	Advance Amount	100,000.00
2	22/04/2024	MMH/HM/RECAP2024010	AFFORDPLAN	Advance Amount	100,000.00
3	28/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	72,000.00