

IN PATIENT SUMMARY BILL

UHID : MHI202483367
IP No : IPH2024000868
Patient name : Mrs.M FATHIMA
Age : 75 Y 0 M 12 D/Female

Bill No : MMH/HM/IPH202400946
Bill Date : 23/04/2024
DOA : 11/4/2024 4:02AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 74,700.00
3	DIET CHARGES	₹ 12,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
5	EQUIPMENT	₹ 143,800.00
6	GENERAL PROCEDURE	₹ 7,790.00
7	INTENSIVIST CHARGES	₹ 15,000.00
8	IP REGISTRATION	₹ 150.00
9	LABORATORY	₹ 55,403.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 16,800.00
12	OTHER ADDITION	₹ 2,296.00
13	PHARMACY CHARGE	₹ 9,761.00
14	PHYSIOTHERAPY	₹ 13,300.00
15	PROFESSIONAL TEAM FEES	₹ 50,000.00
16	PULMONOLOGIST	₹ 1,500.00
17	RADIOLOGY	₹ 7,300.00
18	TRANSPORT	₹ 4,500.00
Gross Amount		₹ 420,000.00
Net Payable		₹ 420,000.00
Advance Amount		₹ 420,000.00
Received Amount		₹ 0.00

Received Amount in Words : Four Lakh Twenty Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/04/2024	MMH/HM/RECAP2024009	CASH	Advance Amount	20,000.00
2	11/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	30,000.00
3	17/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	50,000.00
4	22/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	120,000.00
5	22/04/2024	MMH/HM/RECAP2024010	AFFORDPLAN	Advance Amount	200,000.00