

IN PATIENT SUMMARY BILL

UHID : MHI202483368

IP No : IPH2024000927

Patient name : Mrs.SANTHA.S

Age : 64 Y 8 M 19 D/Female

Bill No : MMH/HM/IPH202400948

Bill Date : 23/04/2024

DOA : 17/4/2024 11:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 7,500.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 11,500.00
6	EQUIPMENT	₹ 19,000.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	IP REGISTRATION	₹ 150.00
10	LABORATORY	₹ 16,910.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 6,000.00
13	OPERATION THEATRE CHARGES	₹ 30,250.00
14	PHARMACY CHARGE	₹ 78,332.00
15	PHYSIOTHERAPY	₹ 7,700.00
16	PROFESSIONAL TEAM FEES	₹ 75,000.00
17	RADIOLOGY	₹ 5,590.00
18	SURGICAL PACKAGE-HEART	₹ 1,568.00
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

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/04/2024	MMH/HM/RECAP2024010	AFFORDPLAN	Advance Amount	100,000.00
2	17/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	100,000.00
3	18/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	50,000.00
4	22/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	22,000.00