

IN PATIENT SUMMARY BILL

UHID : MHI202483388

IP No : IPH2024000990

Patient name : Mrs.AMBIGA.R

Age : 74 Y 4 M 16 D/Female

Bill No : MMH/HM/IPH202400978

Bill Date : 26/04/2024

DOA : 24/4/2024 3:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 9,900.00
3	CARDIOLOGY PACKAGE-HEART	₹ 18,000.00
4	DIET CHARGES	₹ 3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	GENERAL PROCEDURE	₹ 10,244.00
7	IP REGISTRATION	₹ 150.00
8	LABORATORY	₹ 4,490.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 1,600.00
11	PHARMACY CHARGE	₹ 12,716.00
12	PROFESSIONAL TEAM FEES	₹ 15,000.00
13	RADIOLOGY	₹ 400.00
Gross Amount		₹ 78,000.00
Net Payable		₹ 78,000.00
Advance Amount		₹ 250,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 172,000.00

Received Amount in Words : Two Lakh Fifty Thousand Only

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/HM/RECAP2024011	AFFORDPLAN	Advance Amount	150,000.00
2	24/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	100,000.00