

IN PATIENT SUMMARY BILL

UHID : MHI202483438

IP No : IPH2024000908

Patient name : Mrs.JAYALAKSHMI PALANI

Age : 74 Y 0 M 8 D/Female

Bill No : MMH/HM/IPH202400901

Bill Date : 17/04/2024

DOA : 15/4/2024 5:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,200.00
5	EQUIPMENT	₹ 13,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,500.00
8	IP REGISTRATION	₹ 150.00
9	LABORATORY	₹ 5,750.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 4,200.00
12	PROFESSIONAL TEAM FEES	₹ 10,000.00
13	RADIOLOGY	₹ 7,550.00
Gross Amount		₹ 60,000.00
Net Payable		₹ 60,000.00
Advance Amount		₹ 60,000.00
Received Amount		₹ 0.00

Received Amount in Words : Sixty Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/04/2024	MMH/HM/RECAP2024010	NEFT	Advance Amount	25,000.00
2	17/04/2024	MMH/HM/RECAP2024010	NEFT	Advance Amount	35,000.00