

IN PATIENT SUMMARY BILL

UHID : MHI202483487

IP No : IPH2024000931

Patient name : Mrs.MAHAMUDHA M

Age : 52 Y 2 M 9 D/Female

Bill No : MMH/HM/IPH202400909

Bill Date : 18/04/2024

DOA : 17/4/2024 9:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 5,125.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	IP REGISTRATION	₹ 150.00
9	LABORATORY	₹ 16,250.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 2,800.00
12	PHARMACY CHARGE	₹ 4,131.00
13	PROFESSIONAL TEAM FEES	₹ 9,000.00
14	RADIOLOGY	₹ 800.00
Gross Amount		₹ 45,156.00
Net Payable		₹ 45,156.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 4,844.00

Received Amount in Words : Fifty 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	UPI	Advance Amount	50,000.00