

IN PATIENT SUMMARY BILL

UHID : MHI202483497

IP No : IPH2024000933

Patient name : Mr.RAMAMOORTHY N

Age : 75 Y 3 M 20 D/Male

Bill No : MMH/HM/IPH202400927

Bill Date : 21/04/2024

DOA : 18/4/2024 9:28AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 18,675.00
3	BLOOD COMPONENTS	₹ 9,150.00
4	DIET CHARGES	₹ 3,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	IP REGISTRATION	₹ 150.00
10	LABORATORY	₹ 23,432.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 5,600.00
13	PHYSIOTHERAPY	₹ 1,400.00
14	PROFESSIONAL FEES	₹ 24,000.00
15	RADIOLOGY	₹ 19,050.00
Gross Amount		₹ 113,957.00
Net Payable		₹ 113,957.00
Advance Amount		₹ 113,957.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirteen Thousand Nine Hundred Fifty-Seven Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	50,000.00
2	21/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	63,957.00