

IN PATIENT SUMMARY BILL

UHID : MHI202483527  
IP No : IPH2024000946  
Patient name : Mr.MANOHAR  
Age : 60 Y 10 M 16 D/Male

Bill No : MMH/HM/IPH202400936  
Bill Date : 22/04/2024  
DOA : 20/4/2024 2:58PM  
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	₹ 800.00
5	EQUIPMENT	₹ 8,500.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 3,500.00
8	IP REGISTRATION	₹ 150.00
9	LABORATORY	₹ 20,245.50
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,800.00
12	PROFESSIONAL TEAM FEES	₹ 10,000.00
13	RADIOLOGY	₹ 6,400.00
Gross Amount		₹ 67,545.50
Net Payable		₹ 67,546.00
Advance Amount		₹ 67,545.00
Received Amount		₹ 1.00

Received Amount in Words : Sixty-Seven Thousand Five Hundred Forty-Six Only

PRAVEEN  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	40,000.00
2	22/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	27,545.00
3	22/04/2024	MMH/HM/RECBD202407	CASH	Collected Amount	1.00