

IN PATIENT SUMMARY BILL

UHID : MHI202483571

IP No : IPH2024000984

Patient name : Mr. A RAVICHANDRAN

Age : 56 Y 0 M 13 D/Male

Bill No : MMH/HM/IPH202400982

Bill Date : 26/04/2024

DOA : 24/4/2024 11:29AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 16,375.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
6	EQUIPMENT	₹ 11,000.00
7	GENERAL PROCEDURE	₹ 800.00
8	INTENSIVIST CHARGES	₹ 7,000.00
9	IP REGISTRATION	₹ 150.00
10	LABORATORY	₹ 14,948.50
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 6,000.00
13	PHARMACY CHARGE	₹ 17,913.00
14	PROFESSIONAL TEAM FEES	₹ 13,000.00
15	RADIOLOGY	₹ 800.00
Gross Amount		₹ 108,386.50
Net Payable		₹ 108,387.00
Advance Amount		₹ 108,387.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eight Thousand Three Hundred Eighty-Seven Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	20,000.00
2	24/04/2024	MMH/HM/RECAP2024011	CASH	Advance Amount	30,000.00
3	25/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	16,000.00
4	26/04/2024	MMH/HM/RECAP2024011	CARD	Advance Amount	30,000.00
5	26/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	12,387.00