

IN PATIENT SUMMARY BILL

UHID : MH39998 Bill No : MMH/HM/IPH202401991
 IP No : IPH2024001947 Bill Date : 31/08/2024
 Patient name : Ms.AKILA R DOA : 22/8/2024 3:15PM
 Age : 43/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 116,000.00
3	BLOOD COMPONENTS	₹ 261,550.00
4	DIET CHARGES	₹ 14,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 16,000.00
6	GENERAL PROCEEDURE	₹ 13,800.00
7	IMPLANT	₹ 24,780.00
8	INJECTION CHARGES	₹ 4,500.00
9	IP REGISTRATION	₹ 300.00
10	LABORATORY	₹ 134,328.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 16,000.00
13	OPERATION THEATRE CHARGES	₹ 21,000.00
14	OTHERS	₹ 4,800.00
15	PROFESSIONAL TEAM FEES	₹ 215,000.00
16	RADIOLOGY	₹ 26,500.00

Tax Amount	:	5,800.00	Gross Amount	₹ 875,158.00
			Discount Amount	₹ 150,000.00
			Net Payable	₹ 725,158.00
			Advance Amount	₹ 63,310.00
			Received Amount	₹ 0.00
			Amount Payable	₹ 661,848.00

Received Amount in Words : Sixty-Three Thousand Three Hundred Ten Only PRAVEEN
 Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/31/2024	MMH/HM/RECAP202402516	CASH	Advance Amount	63,310.00