IN PATIENT SUMMARY BILL

UHID	:	MH42379	Bill No	:	MMH/HM/IPH202400826
IP No	:	IPH2024000798	Bill Date	:	09/04/2024
Patient name	:	Mr.SARAVANAN M	DOA	:	3/4/2024 11:13AM
Age	:	55 Y 10 M 5 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ACCOMMODATION	₹	10,000.00
2	ADMINISTRATION CHARGES	₹	600.00
3	BED CHARGES	₹	34,800.00
4	BLOOD COMPONENTS	₹	500.00
5	DIET CHARGES	₹	7,300.00
6	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
7	EQUIPMENT	₹	21,500.00
8	G.I.PROCEDURE	₹	22,700.00
9	GENERAL PROCEDURE	₹	1,700.00
10	INTENSIVIST CHARGES	₹	5,000.00
11	LABORATORY	₹	19,697.00
12	MEDICAL RECORD CHARGE	₹	400.00
13	NURSING CHARGE	₹	7,200.00
14	OP REGISTRATION	₹	150.00
15	OPERATION THEATRE CHARGES	₹	40,197.00
16	PHARMACY CHARGE	₹	89,676.00
17	PHYSIOTHERAPY	₹	9,100.00
18	PROFESSIONAL TEAM FEES	₹	150,000.00
19	RADIOLOGY	₹	6,280.00
	Gross Amount	₹	**430,000.00**
	Net Payable	₹	**430,000.00**
	Advance Amount	₹	**430,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Thirty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	190,000.00
2	03/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	210,000.00
3	09/04/2024	MMH/HM/RECAP202400	CARD	Advance Amount	30,000.00