

IN PATIENT SUMMARY BILL

UHID : MH45943

IP No : IPH2024000239

Patient name : Mr.KANAKARETHINAM S

Age : 65/Male

Bill No : MMH/HM/IPH202400274

Bill Date : 07/02/2024

DOA : 1/2/2024 12:30PM

DOD :

Entity Type : Corporate

Entity Name : GMONEY

Consultant Name : Dr.K.JAISHANKAR

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ACCOMMODATION | ₹ 14,850.00 |
| 2 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 3 | BED CHARGES | ₹ 32,400.00 |
| 4 | CARDIOLOGY PACKAGE-HEART | ₹ 16,000.00 |
| 5 | DIALYSIS / DIALYZER | ₹ 10,000.00 |
| 6 | DIALYSIS CHARGE | ₹ 10,000.00 |
| 7 | DIET CHARGES | ₹ 5,200.00 |
| 8 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,600.00 |
| 9 | EQUIPMENT | ₹ 16,500.00 |
| 10 | GENERAL PROCEDURE | ₹ 10,179.00 |
| 11 | INTENSIVIST CHARGES | ₹ 7,500.00 |
| 12 | LABORATORY | ₹ 21,420.00 |
| 13 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 14 | NURSING CHARGE | ₹ 7,600.00 |
| 15 | OP REGISTRATION | ₹ 150.00 |
| 16 | PHARMACY CHARGE | ₹ 33,803.00 |
| 17 | PROFESSIONAL TEAM FEES | ₹ 30,000.00 |
| 18 | RADIOLOGY | ₹ 2,700.00 |
| Gross Amount | | ₹ 220,702.00 |
| Sanction Amount | | ₹ 200,000.00 |
| Net Payable | | ₹ 220,702.00 |
| Advance Amount | | ₹ 35,000.00 |
| Received Amount | | ₹ 0.00 |
| Refund Amount | | ₹ 14,298.00 |

Received Amount in Words : Thirty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 01/02/2024 | MMH/HM/RECAP2024002 | UPI | Advance Amount | 35,000.00 |

| Medical Claim | Claim No | Sanction Amount |
|---------------|----------|-----------------|
| GMONEY | ***** | 200,000.00 |