IN PATIENT SUMMARY BILL

UHID	:	MH46226	Bill No	:	MMH/HM/IPH202400415
IP No	:	IPH2024000380	Bill Date	:	23/02/2024
Patient name	:	Mr.PRAKASH GOPALAKRISHNAN	DOA	:	16/2/2024 5:51PM
Age	:	56 Y 2 M 6 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	GMONEY
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	25,450.00
3	CARDIOLOGY PACKAGE-HEART	₹	44,398.00
4	DIET CHARGES	₹	6,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
6	EQUIPMENT	₹	3,800.00
7	GENERAL PROCEDURE	₹	800.00
8	IMPLANT	₹	91,921.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	14,930.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,400.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	31,268.00
15	PROFESSIONAL TEAM FEES	₹	100,000.00
16	RADIOLOGY	₹	1,600.00

Gross Amount	₹	**335,717.00**
Sanction Amount	₹	**335,717.00**
Net Payable	₹	**335,717.00**
Advance Amount	₹	**241,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**241,000.00**

Received Amount in Words : Two Lakh Forty-One Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
2	17/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00
3	18/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	175,000.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	335,717.00