

IN PATIENT SUMMARY BILL

UHID : MHI202370206

IP No : IPH2024000286

Patient name : Mr.PARAS MAL JAIN

Age : 62 Y 9 M 21 D/Male

Bill No : MMH/HM/IPH202400284

Bill Date : 08/02/2024

DOA : 7/2/2024 9:28AM

DOD :

Entity Type : Corporate

Entity Name : GMONEY

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 6,500.00
3	DIET CHARGES	₹ 1,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 6,750.00
6	GENERAL PROCEDURE	₹ 1,100.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 165.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 3,557.00
13	PROFESSIONAL TEAM FEES	₹ 8,000.00
14	RADIOLOGY	₹ 1,600.00
Gross Amount		₹ 36,322.00
Sanction Amount		₹ 30,822.00
Net Payable		₹ 36,322.00
Advance Amount		₹ 5,500.00
Received Amount		₹ 0.00

Received Amount in Words : Five Thousand Five Hundred Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/02/2024	MMH/HM/RECAP2024003	AFFORDPLAN	Advance Amount	5,000.00
2	08/02/2024	MMH/HM/RECAP2024003	UPI	Advance Amount	500.00

Medical Claim	Claim No	Sanction Amount
GMONEY	G MONEY	30,822.00