

IN PATIENT SUMMARY BILL

UHID : MHI202370533

IP No : IPH2024000385

Patient name : Mr.VARADARAJAN

Age : 80 Y 4 M 29 D/Male

Bill No : MMH/HM/IPH202400393

Bill Date : 21/02/2024

DOA : 18/2/2024 8:45PM

DOD :

Entity Type : Corporate

Entity Name : GMONEY

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 11,175.00
3	CARDIOLOGY PACKAGE-HEART	₹ 34,486.00
4	DIET CHARGES	₹ 3,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 85,904.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 570.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 18,514.00
15	PROFESSIONAL TEAM FEES	₹ 146,000.00
16	RADIOLOGY	₹ 480.00
Gross Amount		₹ 311,179.00
Sanction Amount		₹ 175,000.00
Net Payable		₹ 311,179.00
Advance Amount		₹ 136,179.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirty-Six Thousand One Hundred Seventy-Nine Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/02/2024	MMH/HM/RECAP2024004	CARD	Advance Amount	136,000.00
2	20/02/2024	MMH/HM/RECAP2024004	UPI	Advance Amount	179.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	175,000.00