

IN PATIENT SUMMARY BILL

UHID : MHI202370637
IP No : IPH202302536
Patient name : Ms.SWARNALATHA J
Age : 56/Female

Bill No : MMH/HM/IPH00565
Bill Date : 21/12/2023
DOA : 18/12/2023 7:51PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 8,250.00
3	DIET CHARGES	₹ 3,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
5	GENERAL PROCEDURE	₹ 5,540.00
6	IMPLANT	₹ 309,100.00
7	LABORATORY	₹ 220.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 2,400.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 17,790.00
12	PROFESSIONAL TEAM FEES	₹ 60,000.00
13	RADIOLOGY	₹ 950.00
Gross Amount		₹ 412,000.00
Net Payable		₹ 412,000.00
Advance Amount		₹ 412,000.00
Received Amount		₹ 0.00

Received Amount in Words : Four Lakh Twelve Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/HM/RECAP00579	UPI	Advance Amount	100,000.00
2	19/12/2023	MMH/HM/RECAP00587	CASH	Advance Amount	200,000.00
3	21/12/2023	MMH/HM/RECAP00623	CARD	Advance Amount	50,000.00
4	21/12/2023	MMH/HM/RECAP00626	AFFORDPLAN	Advance Amount	62,000.00