

IN PATIENT SUMMARY BILL

UHID : MHI202371480

IP No : IPH2024000483

Patient name : Mr.SARAVANAN K

Age : 52 Y 3 M 16 D/Male

Bill No : MMH/HM/IPH202400480

Bill Date : 02/03/2024

DOA : 29/2/2024 8:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 12,450.00
3	CARDIOLOGY PACKAGE-HEART	₹ 87,554.00
4	DIET CHARGES	₹ 1,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 150,386.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 2,776.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 22,884.00
15	PROFESSIONAL TEAM FEES	₹ 50,000.00
16	RADIOLOGY	₹ 800.00
Gross Amount		₹ 337,000.00
Net Payable		₹ 337,000.00
Advance Amount		₹ 337,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Thirty-Seven Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/02/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	275,000.00
2	02/03/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	62,000.00