IN PATIENT SUMMARY BILL

UHID	:	MHI202373690	Bill No	:	MMH/HM/IPH202400661
IP No	:	IPH2024000655	Bill Date	:	21/03/2024
Patient name	:	Mr.THENNARASU	DOA	:	18/3/2024 6:30PM
Age	:	60/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	14,850.00
3	CARDIOLOGY PACKAGE-HEART	₹	66,382.00
4	DIET CHARGES	₹	3,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
6	GENERAL PROCEDURE	₹	500.00
7	IMPLANT	₹	578,200.00
8	LABORATORY	₹	1,996.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	2,400.00
11	OP REGISTRATION	₹	150.00
12	PHARMACY CHARGE	₹	23,802.00
13	PROFESSIONAL TEAM FEES	₹	60,000.00
14	RADIOLOGY	₹	1,120.00
	Gross Amount	₹	**756,000.00**
	Net Payable	₹	**756,000.00**
	Advance Amount	₹	**756,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Seven Lakh Fifty-Six Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	150,000.00
2	18/03/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	500,000.00
3	21/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	56,000.00
4	21/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	50,000.00