IN PATIENT SUMMARY BILL

UHID	:	MHI202373904	Bill No	:	MMH/HM/IPH202400388
IP No	:	IPH2024000368	Bill Date	:	20/02/2024
Patient name	:	Mrs.ESTHER J	DOA	:	15/2/2024 3:55PM
Age	:	47 Y 0 M 7 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	11,000.00
3	DIET CHARGES	₹	5,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	GENERAL PROCEDURE	₹	1,233.00
6	IMPLANT	₹	415,367.00
7	LABORATORY	₹	5,293.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	3,200.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	20,557.00
12	PROFESSIONAL TEAM FEES	₹	34,000.00

Gross Amount	₹	**500,000.00**
Net Payable	₹	**500,000.00**
Advance Amount	₹	**500,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Five Lakh Zero Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	110,000.00
2	16/02/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	102,000.00
3	16/02/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	10,000.00
4	17/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	43,000.00
5	19/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	50,000.00
6	20/02/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	150,000.00
7	20/02/2024	MMH/HM/RECAP202400	CHEQUE	Advance Amount	25,000.00
8	20/02/2024	MMH/HM/RECAP202400	CHEQUE	Advance Amount	10,000.00