IN PATIENT SUMMARY BILL

UHID	:	MHI202374851	Bill No	:	MMH/HM/IPH202400618
IP No	:	IPH2024000601	Bill Date	:	18/03/2024
Patient name	:	Mr.JAYA KUMAR	DOA	:	13/3/2024 11:26AM
Age	:	53/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	27,300.00
3	CARDIOLOGY PACKAGE-HEART	₹	55,386.00
4	DIET CHARGES	₹	6,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	156,214.00
9	INJECTION CHARGES	₹	200.00
10	INTENSIVIST CHARGES	₹	2,500.00
11	LABORATORY	₹	7,810.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	5,200.00
14	OP REGISTRATION	₹	150.00
15	PHARMACY CHARGE	₹	35,040.00
16	PROFESSIONAL TEAM FEES	₹	21,000.00
17	RADIOLOGY	₹	3,200.00
	Gross Amount	₹	**325,500.00**
	Net Payable	₹	**325,500.00**
	Advance Amount	₹	**325,500.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Twenty-Five Thousand Five Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	200,000.00
2	13/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	50,000.00
3	18/03/2024	MMH/HM/RECAP202400]	CARD	Advance Amount	75,500.00