IN PATIENT SUMMARY BILL

UHID	:	MHI202375108	Bill No	:	MMH/HM/IPH202400650
IP No	:	IPH2024000619	Bill Date	:	20/03/2024
Patient name	:	Mr.BA BU	DOA	:	14/3/2024 1:27PM
Age	:	74 Y 8 M 11 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	34,800.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	18,800.00
7	GENERAL PROCEDURE	₹	700.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	19,065.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	7,200.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	27,500.00
14	PHARMACY CHARGE	₹	84,625.00
15	PHYSIOTHERAPY	₹	9,100.00
16	PROFESSIONAL TEAM FEES	₹	113,000.00
17	RADIOLOGY	₹	5,160.00
18	SURGICAL PACKAGE-HEART	₹	37,600.00
	Gross Amount	₹	**375,000.00**
	Net Payable	₹	**375,000.00**
	Advance Amount	₹	**375,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Seventy-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/03/2024	MMH/HM/RECAP202400(	NEFT	Advance Amount	300,000.00
2	20/03/2024	MMH/HM/RECAP202400[7]	CASH	Advance Amount	75,000.00