IN PATIENT SUMMARY BILL

UHID	:	MHI202376826	Bill No	:	MMH/HM/IPH202400525
IP No	:	IPH2024000522	Bill Date	:	07/03/2024
Patient name	:	Mr.G.KANNAN	DOA	:	5/3/2024 2:59PM
Age	:	48/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	₹	10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	2,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	INTENSIVIST CHARGES	₹	3,500.00
9	LABORATORY	₹	6,607.50
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	3,300.00
12	OP REGISTRATION	₹	150.00
13	PHARMACY CHARGE	₹	12,591.00
14	PROFESSIONAL TEAM FEES	₹	12,000.00
15	RADIOLOGY	₹	400.00
	Gross Amount	₹	**69,998.50**
	Net Payable	₹	**69,999.00**
	Advance Amount	₹	**69,998.00**
	Received Amount	₹	**1.00**

Received Amount in Words : Sixty-Nine Thousand Nine Hundred Ninety-Nine Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	30,000.00
2	05/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	20,000.00
3	07/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	19,998.00
4	07/03/2024	MMH/HM/RECBD202404	CASH	Collected Amount	1.00