IN PATIENT SUMMARY BILL

UHID	:	MHI202379723	Bill No	:	MMH/HM/IPH202400676
IP No	:	IPH2024000693	Bill Date	:	25/03/2024
Patient name	:	Ms.RAHMATH NISHA	DOA	:	23/3/2024 12:24AM
Age	:	52/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	4,950.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	1,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	GENERAL PROCEDURE	₹	500.00
7	INJECTION CHARGES	₹	500.00
8	LABORATORY	₹	5,922.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	800.00
11	OP REGISTRATION	₹	150.00
12	PHARMACY CHARGE	₹	10,801.00
13	RADIOLOGY	₹	800.00

Gross Amount	₹	**43,323.00**
Net Payable	₹	**43,323.00**
Advance Amount	₹	**170,000.00**
Received Amount	₹	**0.00**
Refund Amount	₹	**126,677.00**

Received Amount in Words : One Lakh Seventy Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	20,000.00
2	23/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	150,000.00