IN PATIENT SUMMARY BILL

UHID	:	MHI202380262	Bill No	:	MMH/HM/IPH202400266
IP No	:	IPH2024000191	Bill Date	:	05/02/2024
Patient name	:	Mr.ABHILASH D	DOA	:	28/1/2024 10:01AM
Age	:	24 Y 8 M 3 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	₹	44,700.00
3	BLOOD COMPONENTS	₹	25,750.00
4	DIALYSIS CHARGE	₹	20,000.00
5	DIET CHARGES	₹	9,400.00
6	DUTY MEDICAL OFFICER CHARGE	₹	4,800.00
7	EQUIPMENT	₹	23,100.00
8	GENERAL PROCEDURE	₹	950.00
9	IMPLANT	₹	125,139.00
10	INTENSIVIST CHARGES	₹	5,000.00
11	INVESTIGATIONS	₹	1,750.00
12	LABORATORY	₹	27,347.00
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	8,800.00
15	OP REGISTRATION	₹	150.00
16	OPERATION THEATRE CHARGES	₹	38,500.00
17	PHARMACY CHARGE	₹	186,159.00
18	PHYSIOTHERAPY	₹	9,100.00
19	PROFESSIONAL TEAM FEES	₹	6,000.00
20	RADIOLOGY	₹	3,160.00
21	SURGICAL PACKAGE-HEART	₹	31,450.00
22	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**574,055.00**
Net Payable	₹	**574,055.00**
Advance Amount	₹	**574,055.00**
Received Amount	₹	**0.00**

Received Amount in Words : Five Lakh Seventy-Four Thousand Fifty-Five Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/01/2024	MMH/HM/RECAP202400	CASH	Advance Amount	200,000.00
2	01/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	50,000.00
3	02/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
4	03/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
5	05/02/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	124,055.00

S.No	Description	Amount