IN PATIENT SUMMARY BILL

UHID	:	MHI202380807	Bill No	:	MMH/HM/IPH202400670
IP No	:	IPH2024000639	Bill Date	:	23/03/2024
Patient name	:	Mr.UMASANKAR NAPA	DOA	:	16/3/2024 3:45PM
Age	:	52 Y 8 M 4 D/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	₹	34,650.00
3	DIET CHARGES	₹	8,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹	5,600.00
5	EQUIPMENT	₹	17,500.00
6	GENERAL PROCEDURE	₹	500.00
7	INJECTION CHARGES	₹	200.00
8	LABORATORY	₹	13,577.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	5,600.00
11	OP REGISTRATION	₹	150.00
12	OPERATION THEATRE CHARGES	₹	11,000.00
13	PHARMACY CHARGE	₹	37,125.00
14	PROFESSIONAL TEAM FEES	₹	116,698.00
15	RADIOLOGY	₹	3,000.00
	Gross Amount	₹	**255,000.00**
	Net Payable	₹	**255,000.00**
	Advance Amount	₹	**255,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Fifty-Five Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	30,000.00
2	19/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	20,000.00
3	19/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	80,000.00
4	19/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	50,000.00
5	23/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	40,000.00
6	23/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	35,000.00