IN PATIENT SUMMARY BILL

UHID	:	MHI202380823	Bill No	:	MMH/HM/IPH202400514
IP No	:	IPH2024000481	Bill Date	:	06/03/2024
Patient name	:	Mr.ANANDAN.R	DOA	:	29/2/2024 10:41AM
Age	:	61 Y 7 M 23 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	26,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	6,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	17,000.00
7	GENERAL PROCEDURE	₹	700.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	17,482.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	7,200.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	30,750.00
14	PHARMACY CHARGE	₹	86,048.00
15	PHYSIOTHERAPY	₹	6,300.00
16	PROFESSIONAL TEAM FEES	₹	50,000.00
17	RADIOLOGY	₹	2,930.00
18	SURGICAL PACKAGE-HEART	₹	17,140.00
19	ULTRASOUND	₹	2,000.00
	Gross Amount	₹	**280,000.00**
	Net Payable	₹	**280,000.00**
	Advance Amount	₹	**280,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Eighty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
2	29/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	200,000.00
3	06/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	30,000.00