

IN PATIENT SUMMARY BILL

UHID : MHI202381028

IP No : IPH2024000022

Patient name : Mr.MANIVARMAN SHANKAR

Age : 26 Y 6 M 20 D/Male

Bill No : MMH/HM/IPH202400060

Bill Date : 09/01/2024

DOA : 3/1/2024 11:37AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 600.00 |
| 2 | BED CHARGES | ₹ 26,000.00 |
| 3 | BLOOD COMPONENTS | ₹ 500.00 |
| 4 | DIET CHARGES | ₹ 6,300.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,200.00 |
| 6 | EQUIPMENT | ₹ 15,700.00 |
| 7 | GENERAL PROCEDURE | ₹ 500.00 |
| 8 | IMPLANT | ₹ 29,736.00 |
| 9 | INTENSIVIST CHARGES | ₹ 5,000.00 |
| 10 | LABORATORY | ₹ 18,442.00 |
| 11 | MEDICAL RECORD CHARGE | ₹ 200.00 |
| 12 | NURSING CHARGE | ₹ 7,200.00 |
| 13 | OP REGISTRATION | ₹ 150.00 |
| 14 | OPERATION THEATRE CHARGES | ₹ 19,456.00 |
| 15 | PHARMACY CHARGE | ₹ 139,201.00 |
| 16 | PHYSIOTHERAPY | ₹ 6,000.00 |
| 17 | PROFESSIONAL TEAM FEES | ₹ 2,000.00 |
| 18 | RADIOLOGY | ₹ 2,815.00 |
| 19 | ULTRASOUND | ₹ 2,000.00 |
| Gross Amount | | ₹ 285,000.00 |
| Net Payable | | ₹ 285,000.00 |
| Advance Amount | | ₹ 285,000.00 |
| Received Amount | | ₹ 0.00 |

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

IYAPPAN R

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|----------------|-----------------|
| 1 | 03/01/2024 | MMH/HM/RECAP2024000 | CASH | Advance Amount | 100,000.00 |
| 2 | 03/01/2024 | MMH/HM/RECAP2024000 | AFFORDPLAN | Advance Amount | 185,000.00 |