IN PATIENT SUMMARY BILL

UHID	:	MHI202381036	Bill No	:	MMH/HM/IPH00403
IP No	:	IPH202302373	Bill Date	:	29/11/2023
Patient name	:	Mr.CHENJI.G	DOA	:	27/11/2023 8:59PM
Age	:	56 Y 7 M 22 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	200.00
2	BED CHARGES	₹	3,000.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	2,600.00
5	GENERAL PROCEDURE	₹	500.00
6	LABORATORY	₹	4,360.00
7	MEDICAL RECORD CHARGE	₹	200.00
8	OP REGISTRATION	₹	150.00
9	PHARMACY CHARGE	₹	10,882.00
10	PROFESSIONAL TEAM FEES	₹	4,000.00
11	RADIOLOGY	₹	900.00
	Gross Amount	₹	**42,792.00**
	Net Payable	₹	**42,792.00**
	Advance Amount	₹	**15,000.00**
	Received Amount	₹	**27,792.00**

Received Amount in Words : Forty-Two Thousand Seven Hundred Ninety-Two Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-27 21:17:36.700	MMH/HM/RECAP00394	CASH	Advance Amount	15,000.00
2	2023-11-29 17:26:08.593	MMH/HM/RECBD03315	CASH	Collected Amount	27,502.00
3	2023-11-29 17:26:08.600	MMH/HM/RECBD03316	UPI	Collected Amount	290.00