

IN PATIENT SUMMARY BILL

UHID	:	MHI202381112	Bill No	:	MMH/HM/IPH00467
IP No	:	IPH202302433	Bill Date	:	08/12/2023
Patient name	:	Mr.POOVATHAN KANDY ACHARATH AB	DOA	:	6/12/2023 9:24AM
Age	:	62 Y 6 M 23 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 9,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 35,754.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 200.00
8	IMPLANT	₹ 50,207.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 2,314.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 22,225.00
15	PROFESSIONAL TEAM FEES	₹ 70,000.00
16	RADIOLOGY	₹ 800.00
Gross Amount		₹ 201,000.00
Net Payable		₹ 201,000.00
Advance Amount		₹ 201,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh One Thousand Only**SANTHOSH**
Authorised Signature**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-06 09:31:30.120	MMH/HM/RECAP00466	CARD	Advance Amount	16,000.00
2	2023-12-06 12:31:46.973	MMH/HM/RECAP00471	UPI	Advance Amount	50,000.00
3	2023-12-06 13:08:35.760	MMH/HM/RECAP00472	CASH	Advance Amount	50,000.00
4	2023-12-07 13:14:49.670	MMH/HM/RECAP00480	CARD	Advance Amount	85,000.00