IN PATIENT SUMMARY BILL

UHID	:	MHI202381175	Bill No	:	MMH/HM/IPH00484
IP No	:	IPH202302458	Bill Date	:	11/12/2023
Patient name	:	Mr.SRIDARAN.S	DOA	:	8/12/2023 12:04PM
Age	:	62 Y 8 M 8 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	₹	9,750.00
3	CARDIOLOGY PACKAGE-HEART	₹	36,924.00
4	DIET CHARGES	₹	2,600.00
5	EQUIPMENT	₹	1,000.00
6	GENERAL PROCEDURE	₹	200.00
7	IMPLANT	₹	161,951.00
8	LABORATORY	₹	1,192.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	31,033.00
12	PROFESSIONAL TEAM FEES	₹	70,000.00
13	RADIOLOGY	₹	800.00
	Gross Amount	₹	**316,000.00**
	Net Payable	₹	**316,000.00**
	Advance Amount	₹	**316,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Sixteen Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-08 12:09:19.813	MMH/HM/RECAP00490	CASH	Advance Amount	16,000.00
2	2023-12-08 17:01:40.073	MMH/HM/RECAP00498	CASH	Advance Amount	50,000.00
3	2023-12-08 19:07:25.306	MMH/HM/RECAP00499	CASH	Advance Amount	100,000.00
4	2023-12-09 17:03:51.393	MMH/HM/RECAP00508	CARD	Advance Amount	50,000.00
5	2023-12-09 17:05:52.403	MMH/HM/RECAP00509	CASH	Advance Amount	100,000.00