

IN PATIENT SUMMARY BILL

UHID : MHI202381222
IP No : IPH202302548
Patient name : Mr.SAVARIRAJ
Age : 68 Y 0 M 23 D/Male

Bill No : MMH/HM/IPH00577
Bill Date : 23/12/2023
DOA : 19/12/2023 8:33PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 24,825.00
3	CARDIOLOGY PACKAGE-HEART	₹ 27,492.00
4	DIET CHARGES	₹ 5,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	EQUIPMENT	₹ 1,800.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 94,198.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 4,560.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 4,400.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 27,475.00
15	PROFESSIONAL TEAM FEES	₹ 60,000.00
16	RADIOLOGY	₹ 3,700.00
Gross Amount		₹ 260,000.00
Net Payable		₹ 260,000.00
Advance Amount		₹ 260,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Sixty Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/HM/RECAP00592	UPI	Advance Amount	50,000.00
2	19/12/2023	MMH/HM/RECAP00593	CASH	Advance Amount	150,000.00
3	23/12/2023	MMH/HM/RECAP00642	UPI	Advance Amount	60,000.00