

IN PATIENT SUMMARY BILL

UHID : MHI202381389
IP No : IPH202302549
Patient name : Mrs.JAYASHREE
Age : 71 Y 9 M 24 D/Female

Bill No : MMH/HM/IPH00595
Bill Date : 26/12/2023
DOA : 20/12/2023 5:17AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 12,450.00
3	CARDIOLOGY PACKAGE-HEART	₹ 4,116.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	IMPLANT	₹ 176,357.00
8	INTENSIVIST CHARGES	₹ 2,500.00
9	LABORATORY	₹ 20,456.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 3,600.00
12	OP REGISTRATION	₹ 150.00
13	PHARMACY CHARGE	₹ 40,071.00
14	RADIOLOGY	₹ 3,200.00

Gross Amount ₹ **266,000.00**
Net Payable ₹ **266,000.00**
Advance Amount ₹ **266,000.00**
Received Amount ₹ **0.00**

Received Amount in Words : Two Lakh Sixty-Six Thousand Only

SANTHOSH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/HM/RECAP00594	UPI	Advance Amount	50,000.00
2	20/12/2023	MMH/HM/RECAP00595	CARD	Advance Amount	16,000.00
3	21/12/2023	MMH/HM/RECAP00616	CARD	Advance Amount	100,000.00
4	24/12/2023	MMH/HM/RECAP00657	CARD	Advance Amount	100,000.00