

IN PATIENT SUMMARY BILL

UHID : MHI202381414
IP No : IPH202302564
Patient name : Mrs.JANAKI M J
Age : 78 Y 3 M 11 D/Female

Bill No : MMH/HM/IPH00584
Bill Date : 23/12/2023
DOA : 20/12/2023 8:13PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 44,503.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,400.00
6	GENERAL PROCEDURE	₹ 500.00
7	IMPLANT	₹ 2,300.00
8	LABORATORY	₹ 880.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,400.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 14,457.00
13	PROFESSIONAL TEAM FEES	₹ 70,000.00
14	RADIOLOGY	₹ 1,460.00

Gross Amount ₹ **152,000.00**

Net Payable ₹ **152,000.00**

Advance Amount ₹ **152,000.00**

Received Amount ₹ **0.00**

Received Amount in Words : One Lakh Fifty-Two 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/RECAP00613	CASH	Advance Amount	100,000.00
2	23/12/2023	MMH/HM/RECAP00643	CARD	Advance Amount	52,000.00