IN PATIENT SUMMARY BILL

UHID	:	MHI202381421	Bill No	:	MMH/HM/IPH202400729
IP No	:	IPH2024000735	Bill Date	:	30/03/2024
Patient name	:	Mrs.LAKSHMI M	DOA	:	28/3/2024 11:07AM
Age	:	76 Y 5 M 26 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	9,975.00
3	CARDIOLOGY PACKAGE-HEART	₹	50,000.00
4	DIET CHARGES	₹	1,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	130,811.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	1,270.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	2,800.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	21,516.00
15	PROFESSIONAL FEES	₹	15,278.00
16	RADIOLOGY	₹	800.00
	Gross Amount	₹	**240,000.00**
	Net Payable	₹	**240,000.00**
	Advance Amount	₹	**240,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Forty Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	100,000.00
2	28/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
3	29/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	80,000.00
4	29/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	10,000.00