IN PATIENT SUMMARY BILL

UHID	:	MHI202381483	Bill No	:	MMH/HM/IPH00639
IP No	:	IPH202302589	Bill Date	:	29/12/2023
Patient name	:	Mr.THULASIRAM J	DOA	:	23/12/2023 4:10PM
Age	:	65 Y 6 M 22 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	BLOOD COMPONENTS	₹	13,500.00
2	IMPLANT	₹	159,300.00
3	LABORATORY	₹	13,663.00
4	PHARMACY CHARGE	₹	261,372.00
5	RADIOLOGY	₹	1,965.00

Gross Amount	₹	**449,800.00**
Net Payable	₹	**449,800.00**
Advance Amount	₹	**449,800.00**
Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Forty-Nine Thousand Eight Hundred Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	23/12/2023	MMH/HM/RECAP00648	CASH	Advance Amount	49,800.00
2	25/12/2023	MMH/HM/RECAP00662	CASH	Advance Amount	200,000.00
3	25/12/2023	MMH/HM/RECAP00667	NEFT	Advance Amount	150,000.00
4	26/12/2023	MMH/HM/RECAP00675	NEFT	Advance Amount	50,000.00