

### IN PATIENT SUMMARY BILL

UHID : MHI202381515  
IP No : IPH2023002626  
Patient name : Mr.PRAKASH  
Age : 51 Y 6 M 15 D/Male

Bill No : MMH/HM/IPH00657  
Bill Date : 30/12/2023  
DOA : 28/12/2023 3:52PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ACCOMMODATION	₹ 2,750.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 11,625.00
4	DIET CHARGES	₹ 3,400.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 4,523.00
7	IMPLANT	₹ 120,781.00
8	LABORATORY	₹ 1,075.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	PHARMACY CHARGE	₹ 18,446.00
11	PROFESSIONAL TEAM FEES	₹ 42,000.00
12	RADIOLOGY	₹ 1,600.00

**Gross Amount** ₹ **208,000.00**

**Net Payable** ₹ **208,000.00**

**Advance Amount** ₹ **175,000.00**

**Received Amount** ₹ **33,000.00**

**Received Amount in Words** : Two Lakh Eight Thousand Only

IYAPPAN R

**Authorised Signature**

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/12/2023	MMH/HM/RECAP00711	CASH	Advance Amount	25,000.00
2	28/12/2023	MMH/HM/RECAP00712	UPI	Advance Amount	150,000.00
3	30/12/2023	MMH/HM/RECBD05202	CASH	Collected Amount	33,000.00