IN PATIENT SUMMARY BILL

UHID	:	MHI202381548	Bill No	:	MMH/HM/IPH202400692
IP No	:	IPH2024000656	Bill Date	:	26/03/2024
Patient name	:	Mrs.GOWRI A	DOA	:	18/3/2024 10:30PM
Age	:	64 Y 4 M 25 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	₹	36,250.00
3	DIET CHARGES	₹	7,900.00
4	DUTY MEDICAL OFFICER CHARGE	₹	5,000.00
5	EQUIPMENT	₹	65,000.00
6	GENERAL PROCEDURE	₹	1,500.00
7	INTENSIVIST CHARGES	₹	10,500.00
8	LABORATORY	₹	67,902.50
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	14,000.00
11	OP REGISTRATION	₹	150.00
12	PHYSIOTHERAPY	₹	700.00
13	PROFESSIONAL TEAM FEES	₹	84,000.00
14	RADIOLOGY	₹	12,250.00
	Gross Amount	₹	**305,952.50**
	Net Payable	₹	**305,953.00**
	Advance Amount	₹	**305,952.00**
	Received Amount	₹	**1.00**

Received Amount in Words : Three Lakh Five Thousand Nine Hundred Fifty-Three Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	20,000.00
2	18/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	30,000.00
3	19/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
4	20/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	30,000.00
5	22/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
6	26/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	76,000.00
7	26/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	49,952.00
8	26/03/2024	MMH/HM/RECBD202406	CASH	Collected Amount	1.00