IN PATIENT SUMMARY BILL

UHID	:	MHI202381562	Bill No	:	MMH/HM/IPH202400139
IP No	:	IPH2024000068	Bill Date	:	19/01/2024
Patient name	:	Mr.RAJASINGH P	DOA	:	8/1/2024 3:36PM
Age	:	59 Y 7 M 29 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	28,750.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	16,800.00
7	GENERAL PROCEDURE	₹	950.00
8	IMPLANT	₹	15,008.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	17,609.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	39,250.00
15	PHARMACY CHARGE	₹	83,068.00
16	PHYSIOTHERAPY	₹	7,700.00
17	PROFESSIONAL FEES	₹	40,000.00
18	PROFESSIONAL TEAM FEES	₹	15,875.00
19	RADIOLOGY	₹	4,140.00
20	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**295,000.00**
Net Payable	₹	**295,000.00**
Advance Amount	₹	**295,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Ninety-Five Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	50,000.00
2	08/01/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	100,000.00
3	08/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	100,000.00
4	09/01/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	45,000.00