IN PATIENT SUMMARY BILL

UHID	:	MHI202400013	Bill No	:	MMH/HM/IPH202400039
IP No	:	IPH2024000015	Bill Date	:	06/01/2024
Patient name	:	Mr.SAMSU NAZEER	DOA	:	2/1/2024 1:15PM
Age	:	62 Y 0 M 14 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	25,250.00
3	CARDIOLOGY PACKAGE-HEART	₹	44,997.00
4	DIET CHARGES	₹	5,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,500.00
6	EQUIPMENT	₹	13,000.00
7	IMPLANT	₹	33,655.00
8	INTENSIVIST CHARGES	₹	10,500.00
9	LABORATORY	₹	19,756.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	10,200.00
12	OP REGISTRATION	₹	150.00
13	PHARMACY CHARGE	₹	31,692.00
14	PROFESSIONAL TEAM FEES	₹	70,000.00
15	RADIOLOGY	₹	2,800.00

Gross Amount	₹	**270,000.00**
Net Payable	₹	**270,000.00**
Advance Amount	₹	**270,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	50,000.00
2	03/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	16,000.00
3	04/01/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	70,000.00
4	04/01/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	30,000.00
5	06/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	104,000.00