IN PATIENT SUMMARY BILL

UHID	:	MHI202481643	Bill No	:	MMH/HM/IPH202400047
IP No	:	IPH2024000044	Bill Date	:	08/01/2024
Patient name	:	Mr.MOHAMED FEROZ	DOA	:	5/1/2024 10:41PM
Age	:	50 Y 5 M 29 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	17,750.00
3	CARDIOLOGY PACKAGE-HEART	₹	80,543.00
4	DIET CHARGES	₹	2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	6,500.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	35,030.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	15,681.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	4,800.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	28,146.00
15	PROFESSIONAL TEAM FEES	₹	70,000.00
16	RADIOLOGY	₹	2,400.00

Gross Amount	₹	**271,000.00**
Net Payable	₹	**271,000.00**
Advance Amount	₹	**271,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy-One Thousand Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	41,000.00
2	06/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	16,000.00
3	06/01/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	143,000.00
4	06/01/2024	MMH/HM/RECAP202400(	UPI	Advance Amount	27,000.00
5	08/01/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	44,000.00