IN PATIENT SUMMARY BILL

UHID	:	MHI202481725	Bill No	:	MMH/HM/IPH202400367
IP No	:	IPH2024000337	Bill Date	:	19/02/2024
Patient name	:	Mr.BALASUBRAMANIAN R	DOA	:	13/2/2024 11:09AM
Age	:	60 Y 3 M 13 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	₹	26,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	32,400.00
7	GENERAL PROCEDURE	₹	1,085.00
8	IMPLANT	₹	729,557.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	17,769.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	40,000.00
15	PHARMACY CHARGE	₹	104,099.00
16	PHYSIOTHERAPY	₹	10,500.00
17	PROFESSIONAL TEAM FEES	₹	40,000.00
18	RADIOLOGY	₹	2,440.00
19	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**1,030,000.00**
Net Payable	₹	**1,030,000.00**
Advance Amount	₹	**1,030,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Ten Lakh Thirty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	200,000.00
2	13/02/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	750,000.00
3	19/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	80,000.00