IN PATIENT SUMMARY BILL

UHID	:	MHI202481768	Bill No	:	MMH/HM/IPH202400110
IP No	:	IPH2024000099	Bill Date	:	14/01/2024
Patient name	:	Mr.KANNAN GOVINDHAN	DOA	:	12/1/2024 1:16AM
Age	:	45 Y 0 M 2 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	₹	10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹	5,000.00
4	DIET CHARGES	₹	2,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	3,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	71,146.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	3,077.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	2,800.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	50,776.00
15	PROFESSIONAL FEES	₹	50,501.00
16	RADIOLOGY	₹	1,600.00

Gross Amount	₹	**205,000.00**
Net Payable	₹	**205,000.00**
Advance Amount	₹	**205,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Five Thousand Only

IYAPPAN R

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	10,000.00
2	12/01/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00
3	12/01/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	100,000.00
4	14/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	45,000.00