IN PATIENT SUMMARY BILL

UHID	:	MHI202481777	Bill No	:	MMH/HM/IPH202400362
IP No	:	IPH2024000340	Bill Date	:	17/02/2024
Patient name	:	Mr.GURUSAMY R	DOA	:	13/2/2024 3:28PM
Age	:	74 Y 1 M 16 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	6,750.00
3	BLOOD COMPONENTS	₹	1,550.00
4	DIET CHARGES	₹	4,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	5,700.00
7	GENERAL PROCEDURE	₹	500.00
8	LABORATORY	₹	1,110.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	3,200.00
11	OP REGISTRATION	₹	150.00
12	OPERATION THEATRE CHARGES	₹	6,500.00
13	PHARMACY CHARGE	₹	25,466.00
14	PROFESSIONAL TEAM FEES	₹	8,000.00

Gross Amount	₹	**67,626.00**
Net Payable	₹	**67,626.00**
Advance Amount	₹	**67,626.00**
Received Amount	₹	**0.00**

Received Amount in Words : Sixty-Seven Thousand Six Hundred Twenty-Six Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP202400:	CASH	Advance Amount	5,000.00
2	15/02/2024	MMH/HM/RECAP202400:	CASH	Advance Amount	20,000.00
3	17/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	15,000.00
4	17/02/2024	MMH/HM/RECAP202400	UPI	Advance Amount	27,626.00