IN PATIENT SUMMARY BILL

UHID	:	MHI202481825	Bill No	:	MMH/HM/IPH202400140
IP No	:	IPH2024000123	Bill Date	:	19/01/2024
Patient name	:	Mrs.PRIYA SHENOY	DOA	:	16/1/2024 8:00PM
Age	:	57 Y 10 M 1 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	22,500.00
3	BLOOD COMPONENTS	₹	500.00
4	CARDIOLOGY PACKAGE-HEART	₹	24,962.00
5	DIET CHARGES	₹	2,900.00
6	EQUIPMENT	₹	6,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	97,138.00
9	INTENSIVIST CHARGES	₹	7,500.00
10	LABORATORY	₹	11,369.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,000.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	33,931.00
15	PROFESSIONAL FEES	₹	4,000.00
16	PROFESSIONAL TEAM FEES	₹	54,000.00
17	RADIOLOGY	₹	3,150.00
18	ULTRASOUND	₹	4,000.00
	Gross Amount	₹	**279,400.00**
	Net Payable	₹	**279,400.00**
	Advance Amount	₹	**279,400.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy-Nine Thousand Four Hundred Only

IYAPPAN R
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/01/2024	MMH/HM/RECAP202400	UPI	Advance Amount	50,000.00
2	17/01/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
3	17/01/2024	MMH/HM/RECAP202400	UPI	Advance Amount	100,000.00
4	19/01/2024	MMH/HM/RECAP202400	UPI	Advance Amount	29,400.00