

IN PATIENT SUMMARY BILL

UHID	: MHI202481945	Bill No	: MMH/HM/IPH202400180
IP No	: IPH2024000171	Bill Date	: 27/01/2024
Patient name	: Mr.ANGANNAN P	DOA	: 24/1/2024 1:00AM
Age	: 71 Y 0 M 4 D/Male	DOD	:
		Entity Type	: CASH
		Entity Name	: CASH
Consultant Name	: Dr.K.JAISHANKAR		

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 17,400.00
3	CARDIOLOGY PACKAGE-HEART	₹ 16,000.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,500.00
7	GENERAL PROCEDURE	₹ 800.00
8	IMPLANT	₹ 22,137.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 16,549.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 29,102.00
15	PROFESSIONAL TEAM FEES	₹ 100,000.00
16	RADIOLOGY	₹ 8,962.00
Gross Amount		₹ 225,000.00
Net Payable		₹ 225,000.00
Advance Amount		₹ 225,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Twenty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	50,000.00
2	24/01/2024	MMH/HM/RECAP2024002	UPI	Advance Amount	16,000.00
3	24/01/2024	MMH/HM/RECAP2024002	CASH	Advance Amount	100,000.00
4	27/01/2024	MMH/HM/RECAP2024002	CARD	Advance Amount	59,000.00