IN PATIENT SUMMARY BILL

UHID	:	MHI202482011	Bill No	:	MMH/HM/IPH202400360
IP No	:	IPH2024000312	Bill Date	:	17/02/2024
Patient name	:	Mrs.ANUSUYA.R	DOA	:	10/2/2024 11:28AM
Age	:	52 Y 9 M 23 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	22,500.00
3	BLOOD COMPONENTS	₹	500.00
4	CARDIOLOGY PACKAGE-HEART	₹	10,509.00
5	CASUALTY	₹	550.00
6	DIET CHARGES	₹	7,100.00
7	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
8	EQUIPMENT	₹	17,400.00
9	GENERAL PROCEDURE	₹	1,150.00
10	IMPLANT	₹	82,430.00
11	INTENSIVIST CHARGES	₹	5,000.00
12	LABORATORY	₹	17,573.00
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	8,000.00
15	OP REGISTRATION	₹	150.00
16	OPERATION THEATRE CHARGES	₹	14,500.00
17	PHARMACY CHARGE	₹	152,740.00
18	PHYSIOTHERAPY	₹	9,100.00
19	RADIOLOGY	₹	3,470.00
20	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**359,472.00**
Net Payable	₹	**359,472.00**
Advance Amount	₹	**351,000.00**
Received Amount	₹	**8,472.00**

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

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	200,000.00
2	15/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
3	15/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
4	16/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	1,000.00
5	17/02/2024	MMH/HM/RECBD202403	CARD	Collected Amount	8,472.00

S.No	Description	Amount