IN PATIENT SUMMARY BILL

UHID	:	MHI202482095	Bill No	:	MMH/HM/IPH202400426
IP No	:	IPH2024000382	Bill Date	:	24/02/2024
Patient name	:	Mr.K RAJENDRAN	DOA	:	17/2/2024 3:19PM
Age	:	67 Y 5 M 13 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	9,900.00
3	BLOOD COMPONENTS	₹	4,100.00
4	DIET CHARGES	₹	1,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	GENERAL PROCEDURE	₹	500.00
7	IMPLANT	₹	302,936.00
8	INVESTIGATIONS	₹	1,750.00
9	LABORATORY	₹	8,232.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	1,600.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	49,750.00
14	PHARMACY CHARGE	₹	141,790.00
15	PROFESSIONAL TEAM FEES	₹	110,000.00
16	RADIOLOGY	₹	400.00
17	SURGICAL PACKAGE-HEART	₹	46,892.00

Gross Amount	₹	**682,000.00**
Net Payable	₹	**682,000.00**
Advance Amount	₹	**682,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Six Lakh Eighty-Two Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	150,000.00
2	17/02/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	200,000.00
3	18/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	100,000.00
4	18/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	232,000.00