IN PATIENT SUMMARY BILL

UHID	:	MHI202482178	Bill No	:	MMH/HM/IPH202400380
IP No	:	IPH2024000350	Bill Date	:	20/02/2024
Patient name	:	Mr.KARTHIKEYAN K S	DOA	:	14/2/2024 1:00PM
Age	:	65 Y 7 M 21 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	₹	15,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	16,700.00
7	GENERAL PROCEDURE	₹	700.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	16,085.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	7,200.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	21,250.00
14	PHARMACY CHARGE	₹	85,592.00
15	PHYSIOTHERAPY	₹	8,400.00
16	PROFESSIONAL TEAM FEES	₹	56,193.00
17	RADIOLOGY	₹	2,930.00
18	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**255,000.00**
Net Payable	₹	**255,000.00**
Advance Amount	₹	**255,000.00**
Received Amount	₹	**0.00**

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

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	100,000.00
2	14/02/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	100,000.00
3	20/02/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	55,000.00