IN PATIENT SUMMARY BILL

UHID	:	MHI202482193	Bill No	:	MMH/HM/IPH202400300
IP No	:	IPH2024000272	Bill Date	:	10/02/2024
Patient name	:	Mr.DHANASEKAR	DOA	:	5/2/2024 5:13PM
Age	:	47 Y 0 M 5 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	₹	11,000.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	3,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	GENERAL PROCEDURE	₹	1,250.00
7	LABORATORY	₹	12,756.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	3,200.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	10,920.00
12	PROFESSIONAL TEAM FEES	₹	30,000.00
13	RADIOLOGY	₹	4,800.00
14	ULTRASOUND	₹	2,000.00

Gross Amount	₹	**99,776.00**
Net Payable	₹	**99,776.00**
Advance Amount	₹	**99,776.00**
Received Amount	₹	**0.00**

Received Amount in Words : Ninety-Nine Thousand Seven Hundred Seventy-Six Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	15,000.00
2	07/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	20,000.00
3	09/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	14,776.00
4	09/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	50,000.00