IN PATIENT SUMMARY BILL

UHID	:	MHI202482251	Bill No	:	MMH/HM/IPH202400327
IP No	:	IPH2024000301	Bill Date	:	13/02/2024
Patient name	:	Mrs.KOSALADEVI RENGASAMY	DOA	:	8/2/2024 11:59PM
Age	:	81 Y 0 M 2 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	18,500.00
3	DIET CHARGES	₹	5,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	EQUIPMENT	₹	2,000.00
6	GENERAL PROCEDURE	₹	1,875.00
7	IMPLANT	₹	62,200.00
8	INTENSIVIST CHARGES	₹	3,500.00
9	LABORATORY	₹	11,626.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	6,200.00
12	OP REGISTRATION	₹	150.00
13	PHARMACY CHARGE	₹	32,681.00
14	PROFESSIONAL TEAM FEES	₹	85,000.00
15	RADIOLOGY	₹	5,200.00

Gross Amount	₹	**237,932.00**
Net Payable	₹	**237,932.00**
Advance Amount	₹	**237,932.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Thirty-Seven Thousand Nine Hundred Thirty-Two Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	30,000.00
2	10/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	70,000.00
3	10/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	10,000.00
4	13/02/2024	MMH/HM/RECAP202400	NEFT	Advance Amount	127,932.00