IN PATIENT SUMMARY BILL

UHID	:	MHI202482286	Bill No	:	MMH/HM/IPH202400687
IP No	:	IPH2024000640	Bill Date	:	26/03/2024
Patient name	:	Mr.CHANDRAN	DOA	:	16/3/2024 5:00PM
Age	:	57 Y 10 M 27 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		₹	31,500.00
3	BLOOD COMPONENTS		₹	500.00
4	DIET CHARGES		₹	8,100.00
5	DUTY MEDICAL OFFICER CHARGE		₹	4,800.00
6	EQUIPMENT		₹	16,800.00
7	GENERAL PROCEDURE		₹	900.00
8	INTENSIVIST CHARGES		₹	5,000.00
9	LABORATORY		₹	17,917.00
10	MEDICAL RECORD CHARGE		₹	200.00
11	NURSING CHARGE		₹	8,800.00
12	OP REGISTRATION		₹	150.00
13	OPERATION THEATRE CHARGES		₹	30,250.00
14	PHARMACY CHARGE		₹	85,325.00
15	PHYSIOTHERAPY		₹	8,400.00
16	PROFESSIONAL TEAM FEES		₹	30,000.00
17	RADIOLOGY		₹	5,590.00
18	SURGICAL PACKAGE-HEART		₹	5,168.00
		Gross Amount	₹	**260,000.00**
		Net Payable	₹	**260,000.00**
		Advance Amount	₹	**260,000.00**
		Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Sixty Thousand Only

PRAVEEN KUMAR

Authorised Signature

S.No	Description	Amount

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	25,000.00
2	16/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	15,000.00
3	18/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	32,000.00
4	18/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	8,000.00
5	19/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	10,000.00
6	23/03/2024	MMH/HM/RECAP2024008	CASH	Advance Amount	125,000.00
7	24/03/2024	MMH/HM/RECAP2024008	CASH	Advance Amount	32,000.00
8	24/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	9,000.00
9	24/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	4,000.00