## IN PATIENT SUMMARY BILL

| | | | | | |
|---|---|---|---|---|---|
| UHID | : | MHI202482289 | Bill No | : | MMH/HM/IPH202400342 |
| IP No | : | IPH2024000326 | Bill Date | : | 15/02/2024 |
| Patient name | : | Mr.ARUL K | DOA | : | 12/2/2024 11:33AM |
| Age | : | 47 Y 5 M 6 D/Male | DOD | : | |
| | | | Entity Type | : | CASH |
| | | | Entity Name | : | CASH |
| Consultant Name | : | Dr.G. GNANAVELU | | | |

| S.No | Description | | Amount |
|---|---|---|---|
| 1 | ADMINISTRATION CHARGES | ₹ | 600.00 |
| 2 | BED CHARGES | ₹ | 14,375.00 |
| 3 | CARDIOLOGY PACKAGE-HEART | ₹ | 16,000.00 |
| 4 | DIET CHARGES | ₹ | 4,200.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ | 2,400.00 |
| 6 | EQUIPMENT | ₹ | 4,800.00 |
| 7 | GENERAL PROCEDURE | ₹ | 8,965.00 |
| 8 | IMPLANT | ₹ | 52,864.00 |
| 9 | INTENSIVIST CHARGES | ₹ | 2,500.00 |
| 10 | LABORATORY | ₹ | 1,070.00 |
| 11 | MEDICAL RECORD CHARGE | ₹ | 200.00 |
| 12 | NURSING CHARGE | ₹ | 4,400.00 |
| 13 | OP REGISTRATION | ₹ | 150.00 |
| 14 | PHARMACY CHARGE | ₹ | 37,676.00 |
| 15 | PROFESSIONAL TEAM FEES | ₹ | 40,000.00 |
| 16 | RADIOLOGY | ₹ | 800.00 |

| | | |
|---|---|---|
| **Gross Amount** | ₹ | **191,000.00** |
| **Net Payable** | ₹ | **191,000.00** |
| **Advance Amount** | ₹ | **191,000.00** |
| **Received Amount** | ₹ | **0.00** |

**Received Amount in Words** : One Lakh Ninety-One Thousand Only

PRAVEEN KUMAR
**Authorised Signature**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 12/02/2024 | MMH/HM/RECAP202400 | CASH | Advance Amount | 16,000.00 |
| 2 | 12/02/2024 | MMH/HM/RECAP202400 | CASH | Advance Amount | 80,000.00 |
| 3 | 12/02/2024 | MMH/HM/RECAP202400 | UPI | Advance Amount | 20,000.00 |
| 4 | 15/02/2024 | MMH/HM/RECAP202400 | AFFORDPLAN | Advance Amount | 75,000.00 |