

IN PATIENT SUMMARY BILL

UHID : MHI202482303

IP No : IPH2024000327

Patient name : Mr.MOHAMMED RILA

Age : 62 Y 11 M 24 D/Male

Bill No : MMH/HM/IPH202400334

Bill Date : 14/02/2024

DOA : 12/2/2024 3:59PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ACCOMMODATION	₹ 3,000.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 11,625.00
4	DIET CHARGES	₹ 2,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 25,179.00
8	IMPLANT	₹ 60,030.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 9,216.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 21,600.00
15	PROFESSIONAL TEAM FEES	₹ 31,000.00
16	RADIOLOGY	₹ 800.00
Gross Amount		₹ 175,000.00
Net Payable		₹ 175,000.00
Advance Amount		₹ 175,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Seventy-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	25,000.00
2	14/02/2024	MMH/HM/RECAP2024003	NEFT	Advance Amount	50,000.00
3	14/02/2024	MMH/HM/RECAP2024003	CASH	Advance Amount	100,000.00