IN PATIENT SUMMARY BILL

UHID	:	MHI202482305	Bill No	:	MMH/HM/IPH202400363
IP No	:	IPH2024000360	Bill Date	:	17/02/2024
Patient name	:	Mr.BALAKRISHNAN R	DOA	:	15/2/2024 9:18AM
Age	:	80 Y 4 M 20 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	12,375.00
3	CARDIOLOGY PACKAGE-HEART	₹	102,382.00
4	DIET CHARGES	₹	3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
6	GENERAL PROCEDURE	₹	500.00
7	LABORATORY	₹	1,106.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	2,400.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	16,467.00
12	PROFESSIONAL TEAM FEES	₹	28,000.00
13	RADIOLOGY	₹	1,520.00

Gross Amount	₹	**172,000.00**
Net Payable	₹	**172,000.00**
Advance Amount	₹	**172,000.00**
Received Amount	₹	**0.00**

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

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/02/2024	MMH/HM/RECAP202400	CASH	Advance Amount	100,000.00
2	17/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	40,000.00
3	17/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	32,000.00