IN PATIENT SUMMARY BILL

UHID	:	MHI202482381	Bill No	:	MMH/HM/IPH202400633
IP No	:	IPH2024000572	Bill Date	:	18/03/2024
Patient name	:	Mr.VISUVALINGA SARMA	DOA	:	11/3/2024 10:24AM
Age	:	76 Y 1 M 23 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	₹	24,250.00
3	BLOOD COMPONENTS	₹	13,750.00
4	DIET CHARGES	₹	5,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	30,900.00
7	GENERAL PROCEDURE	₹	3,500.00
8	IMPLANT	₹	125,759.00
9	INTENSIVIST CHARGES	₹	7,500.00
10	LABORATORY	₹	25,711.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,600.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	43,250.00
15	PHARMACY CHARGE	₹	174,960.00
16	PHYSIOTHERAPY	₹	4,900.00
17	PROFESSIONAL TEAM FEES	₹	79,000.00
18	RADIOLOGY	₹	3,300.00
19	SURGICAL PACKAGE-HEART	₹	4,868.00
	Gross Amount	₹	**556,998.00**
	Net Payable	₹	**556,998.00**
	Advance Amount	₹	**556,998.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Five Lakh Fifty-Six Thousand Nine Hundred Ninety-Eight Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	300,000.00
2	13/03/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	156,998.00
3	15/03/2024	MMH/HM/RECAP202400;	CARD	Advance Amount	100,000.00