IN PATIENT SUMMARY BILL

UHID	:	MHI202482404	Bill No	:	MMH/HM/IPH202400807
IP No	:	IPH2024000762	Bill Date	:	06/04/2024
Patient name	:	Mrs.ESWARI MURUGAN	DOA	:	31/3/2024 10:49AM
Age	:	30 Y 3 M 22 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	6,100.00
4	DIET CHARGES	₹	7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	17,200.00
7	GENERAL PROCEDURE	₹	6,900.00
8	IMPLANT	₹	37,170.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	15,962.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	20,500.00
15	PHARMACY CHARGE	₹	123,411.00
16	PHYSIOTHERAPY	₹	9,100.00
17	PROFESSIONAL TEAM FEES	₹	14,677.00
18	RADIOLOGY	₹	4,930.00
	Gross Amount	₹	**301,100.00**
	Net Payable	₹	**301,100.00**
	Advance Amount	₹	**301,100.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh One Thousand One Hundred Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/HM/RECAP2024008	CASH	Advance Amount	94,000.00
2	31/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	167,000.00
3	31/03/2024	MMH/HM/RECAP2024008	UPI	Advance Amount	29,000.00
4	06/04/2024	MMH/HM/RECAP2024009	UPI	Advance Amount	11,100.00