IN PATIENT SUMMARY BILL

UHID	:	MHI202482444	Bill No	:	MMH/HM/IPH202400532
IP No	:	IPH2024000497	Bill Date	:	08/03/2024
Patient name	:	Mrs.RANI N	DOA	:	3/3/2024 8:00PM
Age	:	49 Y 5 M 3 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	15,750.00
3	CARDIOLOGY PACKAGE-HEART	₹	107,445.00
4	DIET CHARGES	₹	3,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
6	EQUIPMENT	₹	500.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	85,904.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	2,690.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	4,400.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	22,861.00
15	PROFESSIONAL TEAM FEES	₹	30,000.00
16	RADIOLOGY	₹	400.00
	Gross Amount	₹	**280,000.00**
	Net Payable	₹	**280,000.00**
	Advance Amount	₹	**280,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Eighty Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/03/2024	MMH/HM/RECAP202400	CASH	Advance Amount	200,000.00
2	07/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	80,000.00