IN PATIENT SUMMARY BILL

UHID	:	MHI202482484	Bill No	:	MMH/HM/IPH202400509
IP No	:	IPH2024000487	Bill Date	:	06/03/2024
Patient name	:	Mr.LAWRENCE VINCENT R	DOA	:	2/3/2024 12:40AM
Age	:	64 Y 0 M 14 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	₹	27,300.00
3	DIET CHARGES	₹	5,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
5	EQUIPMENT	₹	10,400.00
6	GENERAL PROCEDURE	₹	500.00
7	INTENSIVIST CHARGES	₹	2,500.00
8	LABORATORY	₹	25,107.00
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	5,200.00
11	OP REGISTRATION	₹	150.00
12	PHARMACY CHARGE	₹	16,552.00
13	PROFESSIONAL TEAM FEES	₹	24,000.00
14	RADIOLOGY	₹	3,550.00
	Gross Amount	₹	**125,059.00**
	Net Payable	₹	**125,059.00**
	Advance Amount	₹	**125,059.00**
	Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Twenty-Five Thousand Fifty-Nine Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
2	06/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
3	06/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	25,059.00