IN PATIENT SUMMARY BILL

UHID	:	MHI202482484	Bill No	:	MMH/HM/IPH202400604
IP No	:	IPH2024000608	Bill Date	:	16/03/2024
Patient name	:	Mr.LAWRENCE VINCENT R	DOA	:	13/3/2024 9:28PM
Age	:	64 Y 0 M 24 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	₹	17,400.00
3	CARDIOLOGY PACKAGE-HEART	₹	131,082.00
4	DIET CHARGES	₹	3,400.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	551,628.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	5,562.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	3,600.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	33,503.00
15	PROFESSIONAL FEES	₹	42,475.00
16	RADIOLOGY	₹	800.00

Gross Amount	₹	**796,000.00**
Net Payable	₹	**796,000.00**
Advance Amount	₹	**796,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Seven Lakh Ninety-Six Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	400,000.00
2	16/03/2024	MMH/HM/RECAP202400[illegible]	CARD	Advance Amount	256,000.00
3	16/03/2024	MMH/HM/RECAP202400[illegible]	NEFT	Advance Amount	100,000.00
4	16/03/2024	MMH/HM/RECAP202400[illegible]	UPI	Advance Amount	40,000.00