IN PATIENT SUMMARY BILL

UHID	:	MHI202482495	Bill No	:	MMH/HM/IPH202400479
IP No	:	IPH2024000451	Bill Date	:	02/03/2024
Patient name	:	Mr.RAJASEKAR V	DOA	:	25/2/2024 10:00AM
Age	:	55 Y 11 M 27 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	₹	34,800.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	22,200.00
7	G.I.PROCEDURE	₹	20,000.00
8	GENERAL PROCEDURE	₹	1,200.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	19,697.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	30,500.00
15	PHARMACY CHARGE	₹	84,825.00
16	PHYSIOTHERAPY	₹	9,100.00
17	PROFESSIONAL TEAM FEES	₹	100,000.00
18	RADIOLOGY	₹	3,160.00
19	SURGICAL PACKAGE-HEART	₹	43,368.00
20	ULTRASOUND	₹	2,000.00
	Gross Amount	₹	**395,000.00**
	Net Payable	₹	**395,000.00**
	Advance Amount	₹	**395,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Ninety-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	200,000.00
2	02/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	195,000.00