IN PATIENT SUMMARY BILL

UHID	:	MHI202482559	Bill No	:	MMH/HM/IPH202400456
IP No	:	IPH2024000453	Bill Date	:	28/02/2024
Patient name	:	Mrs.KOTTAI AMMAL M	DOA	:	25/2/2024 10:50PM
Age	:	60 Y 10 M 18 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	637.00
2	BED CHARGES	₹	17,750.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	2,000.00
7	GENERAL PROCEDURE	₹	800.00
8	INTENSIVIST CHARGES	₹	7,000.00
9	LABORATORY	₹	15,293.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	5,800.00
12	OP REGISTRATION	₹	150.00
13	PHARMACY CHARGE	₹	16,070.00
14	PROFESSIONAL TEAM FEES	₹	12,000.00
15	RADIOLOGY	₹	1,600.00

Gross Amount	₹	**100,000.00**
Net Payable	₹	**100,000.00**
Advance Amount	₹	**100,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Zero 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	50,000.00
2	26/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00
3	28/02/2024	MMH/HM/RECAP202400	CARD	Advance Amount	34,000.00