

IN PATIENT SUMMARY BILL

UHID : MHI202482575

IP No : IPH2024000460

Patient name : Mrs.RAJESHWARI

Age : 64 Y 2 M 5 D/Female

Bill No : MMH/HM/IPH202400508

Bill Date : 06/03/2024

DOA : 26/2/2024 4:58PM

DOD :

Entity Type : Corporate

Entity Name : GMONEY

Consultant Name : Dr.RAJESH.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 31,500.00
3	BLOOD COMPONENTS	₹ 3,550.00
4	DIET CHARGES	₹ 9,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,800.00
6	EQUIPMENT	₹ 17,000.00
7	GENERAL PROCEDURE	₹ 900.00
8	INTENSIVIST CHARGES	₹ 5,000.00
9	LABORATORY	₹ 32,657.00
10	MEDICAL RECORD CHARGE	₹ 200.00
11	NURSING CHARGE	₹ 8,800.00
12	OP REGISTRATION	₹ 150.00
13	OPERATION THEATRE CHARGES	₹ 46,000.00
14	PHARMACY CHARGE	₹ 80,920.00
15	PHYSIOTHERAPY	₹ 8,400.00
16	PROFESSIONAL TEAM FEES	₹ 60,000.00
17	RADIOLOGY	₹ 6,708.00
18	SURGICAL PACKAGE-HEART	₹ 15,297.00
19	ULTRASOUND	₹ 2,772.00
Gross Amount		₹ 335,454.00
Sanction Amount		₹ 100,000.00
Net Payable		₹ 335,454.00
Advance Amount		₹ 235,454.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Thirty-Five Thousand Four Hundred Fifty-Four Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/02/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	20,000.00
2	28/02/2024	MMH/HM/RECAP2024005	UPI	Advance Amount	100,000.00
3	29/02/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	50,000.00
4	05/03/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	65,454.00

S.No	Description	Amount
Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	100,000.00