IN PATIENT SUMMARY BILL

UHID	:	MHI202482645	Bill No	:	MMH/HM/IPH202400488
IP No	:	IPH2024000484	Bill Date	:	04/03/2024
Patient name	:	Mrs.SYLAJA M	DOA	:	1/3/2024 2:53AM
Age	:	77 Y 3 M 17 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	24,900.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	4,200.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	1,500.00
7	GENERAL PROCEDURE	₹	500.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	19,147.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	5,600.00
12	OP REGISTRATION	₹	150.00
13	PHARMACY CHARGE	₹	18,593.00
14	PROFESSIONAL TEAM FEES	₹	15,000.00
15	RADIOLOGY	₹	960.00
	Gross Amount	₹	**113,950.00**
	Net Payable	₹	**113,950.00**
	Advance Amount	₹	**113,950.00**
	Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Thirteen Thousand Nine Hundred Fifty Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
2	02/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00
3	04/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	47,950.00