IN PATIENT SUMMARY BILL

UHID	:	MHI202482658	Bill No	:	MMH/HM/IPH202400523
IP No	:	IPH2024000486	Bill Date	:	07/03/2024
Patient name	:	Mrs.SASIKALA R	DOA	:	1/3/2024 10:01PM
Age	:	73 Y 2 M 15 D/Female	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	GMONEY
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,100.00
2	BED CHARGES	₹	18,500.00
3	CARDIOLOGY PACKAGE-HEART	₹	79,301.00
4	DIET CHARGES	₹	4,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	175,927.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	9,406.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	5,200.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	37,477.00
15	PROFESSIONAL FEES	₹	15,000.00
16	PROFESSIONAL TEAM FEES	₹	10,848.00
17	RADIOLOGY	₹	1,620.00

Gross Amount	₹	**366,429.00**
Sanction Amount	₹	**300,000.00**
Net Payable	₹	**366,429.00**
Advance Amount	₹	**66,429.00**
Received Amount	₹	**0.00**

Received Amount in Words : Sixty-Six Thousand Four Hundred Twenty-Nine Only

AKASH
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	25,000.00
2	06/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	41,429.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	300,000.00