IN PATIENT SUMMARY BILL

UHID	:	MHI202482779	Bill No	:	MMH/HM/IPH202400603
IP No	:	IPH2024000579	Bill Date	:	16/03/2024
Patient name	:	Mr.SRIDHARAN T N S	DOA	:	11/3/2024 3:49PM
Age	:	69 Y 3 M 7 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	25,500.00
3	BLOOD COMPONENTS	₹	9,150.00
4	CARDIOLOGY PACKAGE-HEART	₹	61,212.00
5	DIET CHARGES	₹	6,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
7	EQUIPMENT	₹	12,500.00
8	GENERAL PROCEDURE	₹	1,000.00
9	IMPLANT	₹	219,420.00
10	INTENSIVIST CHARGES	₹	6,000.00
11	LABORATORY	₹	5,671.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	6,400.00
14	OP REGISTRATION	₹	150.00
15	PHARMACY CHARGE	₹	29,332.00
16	PROFESSIONAL TEAM FEES	₹	40,165.00
17	RADIOLOGY	₹	1,800.00
	Gross Amount	₹	**427,500.00**
	Net Payable	₹	**427,500.00**
	Advance Amount	₹	**427,500.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Twenty-Seven Thousand Five Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	35,000.00
2	13/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	200,000.00
3	13/03/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	186,000.00
4	16/03/2024	MMH/HM/RECAP202400]	UPI	Advance Amount	6,500.00