IN PATIENT SUMMARY BILL

UHID	:	MHI202482809	Bill No	:	MMH/HM/IPH202400582
IP No	:	IPH2024000558	Bill Date	:	13/03/2024
Patient name	:	Mrs.MANIKKAVALLI S	DOA	:	9/3/2024 12:54AM
Age	:	52 Y 2 M 22 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	₹	29,850.00
3	CARDIOLOGY PACKAGE-HEART	₹	57,610.00
4	DIET CHARGES	₹	6,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
6	EQUIPMENT	₹	2,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	90,387.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	23,933.50
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,400.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	36,769.00
15	PROFESSIONAL TEAM FEES	₹	30,000.00
16	RADIOLOGY	₹	1,200.00

Gross Amount	₹	**292,999.50**
Net Payable	₹	**293,000.00**
Advance Amount	₹	**293,000.00**
Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Ninety-Three Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	09/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	50,000.00
2	11/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	20,000.00
3	11/03/2024	MMH/HM/RECAP202400(	UPI	Advance Amount	105,000.00
4	13/03/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	118,000.00