IN PATIENT SUMMARY BILL

UHID	:	MHI202482834	Bill No	:	MMH/HM/IPH202400690
IP No	:	IPH2024000677	Bill Date	:	26/03/2024
Patient name	:	Mr.KARUNAKARAN	DOA	:	20/3/2024 12:13PM
Age	:	66 Y 8 M 23 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.G. GNANAVELU			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	29,850.00
3	DIET CHARGES	₹	6,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
5	EQUIPMENT	₹	20,100.00
6	GENERAL PROCEDURE	₹	500.00
7	IMPLANT	₹	76,700.00
8	INJECTION CHARGES	₹	200.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	6,100.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	6,400.00
13	OP REGISTRATION	₹	150.00
14	OPERATION THEATRE CHARGES	₹	9,000.00
15	PHARMACY CHARGE	₹	39,938.00
16	PROFESSIONAL TEAM FEES	₹	135,000.00
17	RADIOLOGY	₹	1,600.00
18	SURGICAL PACKAGE-HEART	₹	54,262.00
	Gross Amount	₹	**394,500.00**
	Net Payable	₹	**394,500.00**
	Advance Amount	₹	**394,500.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Ninety-Four Thousand Five Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	50,000.00
2	20/03/2024	MMH/HM/RECAP2024007	UPI	Advance Amount	50,000.00
3	22/03/2024	MMH/HM/RECAP2024007	AFFORDPLAN	Advance Amount	44,500.00
4	22/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	100,000.00
5	25/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	150,000.00