IN PATIENT SUMMARY BILL

UHID	:	MHI202482846	Bill No	:	MMH/HM/IPH202400645
IP No	:	IPH2024000581	Bill Date	:	19/03/2024
Patient name	:	Mr.MURUGAPPAN A L	DOA	:	11/3/2024 8:16PM
Age	:	46 Y 5 M 23 D/Male	DOD	:	
			Entity Type	:	Corporate
			Entity Name	:	GMONEY
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	1,100.00
2	BED CHARGES	₹	33,150.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	8,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹	4,000.00
6	EQUIPMENT	₹	11,600.00
7	GENERAL PROCEDURE	₹	900.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	15,903.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	8,000.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	33,500.00
14	PHARMACY CHARGE	₹	79,776.00
15	PHYSIOTHERAPY	₹	7,700.00
16	PROFESSIONAL TEAM FEES	₹	120,000.00
17	RADIOLOGY	₹	5,760.00
18	SURGICAL PACKAGE-HEART	₹	4,350.00
	Gross Amount	₹	**340,189.00**
	Sanction Amount	₹	**300,000.00**
	Net Payable	₹	**340,189.00**
	Advance Amount	₹	**40,189.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Forty Thousand One Hundred Eighty-Nine Only

PRAVEEN KUMAR
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	25,000.00
2	11/03/2024	MMH/HM/RECAP202400(	CASH	Advance Amount	5,000.00
3	18/03/2024	MMH/HM/RECAP202400]	UPI	Advance Amount	10,189.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	300,000.00