IN PATIENT SUMMARY BILL

UHID	:	MHI202482850	Bill No	:	MMH/HM/IPH202400647
IP No	:	IPH2024000615	Bill Date	:	20/03/2024
Patient name	:	Mr.BASHEER AHAMED.K	DOA	:	14/3/2024 11:01AM
Age	:	70 Y 0 M 16 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	34,800.00
3	BLOOD COMPONENTS	₹	2,050.00
4	DIET CHARGES	₹	7,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
6	EQUIPMENT	₹	17,000.00
7	GENERAL PROCEDURE	₹	700.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	LABORATORY	₹	17,229.00
10	MEDICAL RECORD CHARGE	₹	200.00
11	NURSING CHARGE	₹	7,200.00
12	OP REGISTRATION	₹	150.00
13	OPERATION THEATRE CHARGES	₹	27,500.00
14	PHARMACY CHARGE	₹	78,801.00
15	PHYSIOTHERAPY	₹	9,100.00
16	PROFESSIONAL TEAM FEES	₹	112,000.00
17	RADIOLOGY	₹	5,940.00
18	SURGICAL PACKAGE-HEART	₹	43,280.00
	Gross Amount	₹	**372,550.00**
	Net Payable	₹	**372,550.00**
	Advance Amount	₹	**372,550.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Seventy-Two Thousand Five Hundred Fifty Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	14/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	25,000.00
2	14/03/2024	MMH/HM/RECAP202400(	AFFORDPLAN	Advance Amount	175,000.00
3	14/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	100,000.00
4	20/03/2024	MMH/HM/RECAP202400'	CARD	Advance Amount	72,550.00