

IN PATIENT SUMMARY BILL

UHID : MHI202482907

IP No : IPH2024000638

Patient name : Mr.PRABAKARAN.R

Age : 50 Y 4 M 13 D/Male

Bill No : MMH/HM/IPH202400621

Bill Date : 18/03/2024

DOA : 16/3/2024 12:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 95,842.00
4	DIET CHARGES	₹ 2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 141,138.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 1,600.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 28,470.00
15	PROFESSIONAL TEAM FEES	₹ 35,750.00
16	RADIOLOGY	₹ 800.00
Gross Amount		₹ 325,000.00
Net Payable		₹ 325,000.00
Advance Amount		₹ 325,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Twenty-Five Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	200,000.00
2	18/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	70,000.00
3	18/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	55,000.00