IN PATIENT SUMMARY BILL

UHID	:	MHI202482920	Bill No	:	MMH/HM/IPH202400617
IP No	:	IPH2024000623	Bill Date	:	18/03/2024
Patient name	:	Mr.MUTHU R P	DOA	:	14/3/2024 11:00PM
Age	:	64 Y 7 M 2 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	₹	20,500.00
3	CARDIOLOGY PACKAGE-HEART	₹	28,800.00
4	DIET CHARGES	₹	4,700.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	7,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	94,233.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	LABORATORY	₹	15,605.50
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	5,600.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	46,311.00
15	PROFESSIONAL FEES	₹	15,000.00
16	PROFESSIONAL TEAM FEES	₹	3,000.00
17	RADIOLOGY	₹	3,200.00
	Gross Amount	₹	**251,999.50**
	Net Payable	₹	**252,000.00**
	Advance Amount	₹	**252,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Fifty-Two Thousand Only

AKASH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	50,000.00
2	15/03/2024	MMH/HM/RECAP202400(	CARD	Advance Amount	100,000.00
3	17/03/2024	MMH/HM/RECAP202400]	CARD	Advance Amount	92,000.00
4	18/03/2024	MMH/HM/RECAP202400]	UPI	Advance Amount	10,000.00