

IN PATIENT SUMMARY BILL

UHID : MHI202482928
IP No : IPH2024000741
Patient name : Mrs.VAISHNAVI K
Age : 29 Y 5 M 3 D/Female

Bill No : MMH/HM/IPH202400751
Bill Date : 02/04/2024
DOA : 28/3/2024 4:48PM
DOD :
Entity Type : Corporate
Entity Name : GMONEY

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 1,100.00
2	BED CHARGES	₹ 10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹ 82,600.00
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	₹ 85,904.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 448.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 2,800.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 9,544.00
15	PROFESSIONAL TEAM FEES	₹ 110,000.00
16	RADIOLOGY	₹ 400.00
Gross Amount		₹ 310,796.00
Sanction Amount		₹ 302,796.00
Net Payable		₹ 310,796.00
Advance Amount		₹ 8,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eight Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	30/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	8,000.00

Medical Claim	Claim No	Sanction Amount
GMONEY	GMONEY	302,796.00