IN PATIENT SUMMARY BILL

UHID	:	MHI202482929	Bill No	:	MMH/HM/IPH202400958
IP No	:	IPH2024000966	Bill Date	:	24/04/2024
Patient name	:	Mr.MANIVANNAN	DOA	:	22/4/2024 3:20PM
Age	:	52 Y 3 M 20 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ACCOMMODATION	₹	4,950.00
2	ADMINISTRATION CHARGES	₹	600.00
3	BED CHARGES	₹	12,450.00
4	CARDIOLOGY PACKAGE-HEART	₹	52,009.00
5	DIET CHARGES	₹	3,100.00
6	DUTY MEDICAL OFFICER CHARGE	₹	800.00
7	EQUIPMENT	₹	1,000.00
8	GENERAL PROCEDURE	₹	500.00
9	IMPLANT	₹	128,856.00
10	INTENSIVIST CHARGES	₹	2,500.00
11	IP REGISTRATION	₹	150.00
12	LABORATORY	₹	8,774.00
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	2,800.00
15	PHARMACY CHARGE	₹	21,461.00
16	PROFESSIONAL TEAM FEES	₹	75,000.00
17	RADIOLOGY	₹	800.00
	Gross Amount	₹	**315,950.00**
	Net Payable	₹	**315,950.00**
	Advance Amount	₹	**315,950.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Fifteen Thousand Nine Hundred Fifty Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/04/2024	MMH/HM/RECAP202401(	CARD	Advance Amount	200,000.00
2	23/04/2024	MMH/HM/RECAP202401]	AFFORDPLAN	Advance Amount	100,000.00
3	24/04/2024	MMH/HM/RECAP202401]	UPI	Advance Amount	15,950.00