

IN PATIENT SUMMARY BILL

UHID : MHI202482933

IP No : IPH2024000820

Patient name : Mrs.HEMALATHA .P.K

Age : 59 Y 6 M 17 D/Female

Bill No : MMH/HM/IPH202400812

Bill Date : 08/04/2024

DOA : 5/4/2024 4:30PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 13,000.00
3	CARDIOLOGY PACKAGE-HEART	₹ 1,519.00
4	DIET CHARGES	₹ 3,900.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
6	EQUIPMENT	₹ 1,000.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 79,826.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	LABORATORY	₹ 2,035.00
11	MEDICAL RECORD CHARGE	₹ 200.00
12	NURSING CHARGE	₹ 3,600.00
13	OP REGISTRATION	₹ 150.00
14	PHARMACY CHARGE	₹ 33,370.00
15	PROFESSIONAL TEAM FEES	₹ 40,000.00
16	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 185,000.00
Net Payable		₹ 185,000.00
Advance Amount		₹ 185,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Eighty-Five Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/04/2024	MMH/HM/RECAP2024005	CASH	Advance Amount	100,000.00
2	08/04/2024	MMH/HM/RECAP2024005	AFFORDPLAN	Advance Amount	85,000.00