IN PATIENT SUMMARY BILL

UHID	:	MHI202482967	Bill No	:	MMH/HM/IPH202400677
IP No	:	IPH2024000647	Bill Date	:	25/03/2024
Patient name	:	Mr.DAVID.S	DOA	:	18/3/2024 10:56AM
Age	:	23 Y 10 M 5 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	₹	19,500.00
3	DIET CHARGES	₹	4,200.00
4	DUTY MEDICAL OFFICER CHARGE	₹	2,400.00
5	EQUIPMENT	₹	38,500.00
6	GENERAL PROCEDURE	₹	700.00
7	INTENSIVIST CHARGES	₹	7,000.00
8	LABORATORY	₹	18,165.50
9	MEDICAL RECORD CHARGE	₹	200.00
10	NURSING CHARGE	₹	7,400.00
11	OP REGISTRATION	₹	150.00
12	PROFESSIONAL TEAM FEES	₹	38,309.00
13	RADIOLOGY	₹	2,875.00
	Gross Amount	₹	**139,999.50**
	Net Payable	₹	**140,000.00**
	Advance Amount	₹	**140,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : One Lakh Forty Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/03/2024	MMH/HM/RECAP2024007	CASH	Advance Amount	15,000.00
2	18/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	20,000.00
3	19/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	20,000.00
4	20/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	20,000.00
5	21/03/2024	MMH/HM/RECAP2024007	CARD	Advance Amount	10,000.00
6	23/03/2024	MMH/HM/RECAP2024008	CARD	Advance Amount	55,000.00