

IN PATIENT SUMMARY BILL

UHID : MHI202482978
IP No : IPH2024000805
Patient name : Mr.MANI N S
Age : 81 Y 5 M 22 D/Male

Bill No : MMH/HM/IPH202400796
Bill Date : 06/04/2024
DOA : 4/4/2024 8:56AM
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	₹ 145,302.00
5	DIET CHARGES	₹ 2,100.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
7	EQUIPMENT	₹ 1,000.00
8	GENERAL PROCEDURE	₹ 500.00
9	IMPLANT	₹ 220,349.00
10	INTENSIVIST CHARGES	₹ 2,500.00
11	LABORATORY	₹ 3,213.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 2,800.00
14	OP REGISTRATION	₹ 150.00
15	PHARMACY CHARGE	₹ 38,286.00
16	PROFESSIONAL TEAM FEES	₹ 90,000.00
17	RADIOLOGY	₹ 800.00

Gross Amount ₹ 526,000.00
Net Payable ₹ 526,000.00
Advance Amount ₹ 526,000.00
Received Amount ₹ 0.00

Received Amount in Words : Five Lakh Twenty-Six Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	16,000.00
2	04/04/2024	MMH/HM/RECAP2024005	CARD	Advance Amount	510,000.00