IN PATIENT SUMMARY BILL

UHID	:	MHI202483019	Bill No	:	MMH/HM/IPH202400667
IP No	:	IPH2024000679	Bill Date	:	22/03/2024
Patient name	:	Mr.KANNAN M	DOA	:	20/3/2024 3:51PM
Age	:	46 Y 3 M 10 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.K.JAISHANKAR			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	5,500.00
3	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
4	DIET CHARGES	₹	3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	GENERAL PROCEDURE	₹	5,500.00
7	LABORATORY	₹	1,015.00
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	1,600.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	8,043.00
12	PROFESSIONAL TEAM FEES	₹	7,000.00
13	RADIOLOGY	₹	400.00
	Gross Amount	₹	**50,708.00**
	Net Payable	₹	**50,708.00**
	Advance Amount	₹	**50,708.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Fifty Thousand Seven Hundred Eight Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	5,000.00
2	21/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	16,000.00
3	22/03/2024	MMH/HM/RECAP202400	UPI	Advance Amount	29,708.00