IN PATIENT SUMMARY BILL

UHID	:	MHI202483055	Bill No	:	MMH/HM/IPH202400877
IP No	:	IPH2024000838	Bill Date	:	15/04/2024
Patient name	:	Mr.DILLIBABU.K	DOA	:	8/4/2024 10:46AM
Age	:	39 Y 9 M 13 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	7,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	11,700.00
7	GENERAL PROCEDURE	₹	900.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	IP REGISTRATION	₹	150.00
10	LABORATORY	₹	12,985.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OPERATION THEATRE CHARGES	₹	21,250.00
14	PHARMACY CHARGE	₹	82,639.00
15	PHYSIOTHERAPY	₹	8,400.00
16	PROFESSIONAL TEAM FEES	₹	83,776.00
17	RADIOLOGY	₹	5,200.00
	Gross Amount	₹	**272,000.00**
	Net Payable	₹	**272,000.00**
	Advance Amount	₹	**272,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy-Two Thousand Only

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/04/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	100,000.00
2	08/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	100,000.00
3	13/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	72,000.00