IN PATIENT SUMMARY BILL

UHID	:	MHI202483056	Bill No	:	MMH/HM/IPH202400947
IP No	:	IPH2024000916	Bill Date	:	23/04/2024
Patient name	:	Mr.RAMAR.M	DOA	:	16/4/2024 11:15AM
Age	:	66 Y 11 M 19 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	6,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹	9,200.00
6	EQUIPMENT	₹	20,000.00
7	GENERAL PROCEDURE	₹	900.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	IP REGISTRATION	₹	150.00
10	LABORATORY	₹	21,210.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	7,200.00
13	OPERATION THEATRE CHARGES	₹	33,750.00
14	PHARMACY CHARGE	₹	92,779.00
15	PHYSIOTHERAPY	₹	9,100.00
16	PROFESSIONAL TEAM FEES	₹	44,021.00
17	RADIOLOGY	₹	8,590.00
	Gross Amount	₹	**275,000.00**
	Net Payable	₹	**275,000.00**
	Advance Amount	₹	**275,000.00**
	Received Amount	₹	**0.00**

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

PRAVEEN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/HM/RECAP202401(	CASH	Advance Amount	172,000.00
2	16/04/2024	MMH/HM/RECAP202401(	AFFORDPLAN	Advance Amount	80,000.00
3	20/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	3,000.00
4	20/04/2024	MMH/HM/RECAP202401(	AFFORDPLAN	Advance Amount	20,000.00