IN PATIENT SUMMARY BILL

UHID	:	MHI202483062	Bill No	:	MMH/HM/IPH202400703
IP No	:	IPH2024000712	Bill Date	:	27/03/2024
Patient name	:	Mr.ANBU.P	DOA	:	26/3/2024 8:00AM
Age	:	57 Y 8 M 13 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	₹	10,250.00
3	CARDIOLOGY PACKAGE-HEART	₹	66,924.00
4	DIET CHARGES	₹	2,600.00
5	DUTY MEDICAL OFFICER CHARGE	₹	800.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	50,208.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	LABORATORY	₹	3,085.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	2,800.00
13	OP REGISTRATION	₹	150.00
14	PHARMACY CHARGE	₹	23,983.00
15	PROFESSIONAL TEAM FEES	₹	50,000.00
16	RADIOLOGY	₹	400.00
	Gross Amount	₹	**216,000.00**
	Net Payable	₹	**216,000.00**
	Advance Amount	₹	**216,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Sixteen Thousand Only

PRAVEEN KUMAR
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	16,000.00
2	26/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
3	26/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	50,000.00
4	27/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
5	27/03/2024	MMH/HM/RECAP202400	AFFORDPLAN	Advance Amount	50,000.00