IN PATIENT SUMMARY BILL

UHID	:	MHI202483134	Bill No	:	MMH/HM/IPH202400903
IP No	:	IPH2024000869	Bill Date	:	17/04/2024
Patient name	:	Mrs.SUMATHI S	DOA	:	11/4/2024 8:45AM
Age	:	50 Y 7 M 25 D/Female	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ACCOMMODATION	₹	10,000.00
2	ADMINISTRATION CHARGES	₹	600.00
3	BED CHARGES	₹	34,800.00
4	BLOOD COMPONENTS	₹	500.00
5	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
6	DIET CHARGES	₹	7,700.00
7	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
8	EQUIPMENT	₹	14,500.00
9	GENERAL PROCEDURE	₹	900.00
10	IMPLANT	₹	86,730.00
11	INTENSIVIST CHARGES	₹	5,000.00
12	IP REGISTRATION	₹	150.00
13	LABORATORY	₹	15,831.00
14	MEDICAL RECORD CHARGE	₹	200.00
15	NURSING CHARGE	₹	7,200.00
16	OPERATION THEATRE CHARGES	₹	26,750.00
17	PHARMACY CHARGE	₹	125,914.00
18	PHYSIOTHERAPY	₹	8,400.00
19	PROFESSIONAL TEAM FEES	₹	126,465.00
20	RADIOLOGY	₹	5,160.00
	Gross Amount	₹	**496,000.00**
	Net Payable	₹	**496,000.00**
	Advance Amount	₹	**496,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Ninety-Six Thousand Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/04/2024	MMH/HM/RECAP202400	CASH	Advance Amount	100,000.00
2	11/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	100,000.00
3	11/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	80,000.00
4	11/04/2024	MMH/HM/RECAP202401(	CARD	Advance Amount	70,000.00
5	12/04/2024	MMH/HM/RECAP202401(	CASH	Advance Amount	100,000.00
6	17/04/2024	MMH/HM/RECAP202401(	AFFORDPLAN	Advance Amount	46,000.00

S.No	Description	Amount