IN PATIENT SUMMARY BILL

UHID	:	MHI202483137	Bill No	:	MMH/HM/IPH202401028
IP No	:	IPH2024000986	Bill Date	:	30/04/2024
Patient name	:	Mr.UMAKANT DATTATRAY DAMKONDW	DOA	:	24/4/2024 12:45PM
Age	:	64 Y 3 M 29 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	650.00
2	BED CHARGES	₹	15,000.00
3	BLOOD COMPONENTS	₹	500.00
4	DIET CHARGES	₹	8,300.00
5	DUTY MEDICAL OFFICER CHARGE	₹	11,500.00
6	EQUIPMENT	₹	18,607.00
7	G.I.PROCEDURE	₹	20,000.00
8	GENERAL PROCEDURE	₹	20,900.00
9	INTENSIVIST CHARGES	₹	5,000.00
10	IP REGISTRATION	₹	200.00
11	LABORATORY	₹	19,509.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	8,000.00
14	OPERATION THEATRE CHARGES	₹	27,500.00
15	PHARMACY CHARGE	₹	77,874.00
16	PHYSIOTHERAPY	₹	8,400.00
17	PROFESSIONAL TEAM FEES	₹	64,000.00
18	RADIOLOGY	₹	5,860.00
	Gross Amount	₹	**312,000.00**
	Net Payable	₹	**312,000.00**
	Advance Amount	₹	**312,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Three Lakh Twelve Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/HM/RECAP202401	AFFORDPLAN	Advance Amount	100,000.00
2	24/04/2024	MMH/HM/RECAP202401	UPI	Advance Amount	50,000.00
3	25/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	75,000.00
4	30/04/2024	MMH/HM/RECAP202401	AFFORDPLAN	Advance Amount	20,000.00
5	30/04/2024	MMH/HM/RECAP202401	UPI	Advance Amount	67,000.00