## IN PATIENT SUMMARY BILL

| | | | | | |
|---|---|---|---|---|---|
| UHID | : | MHI202483157 | Bill No | : | MMH/HM/IPH202400760 |
| IP No | : | IPH2024000758 | Bill Date | : | 02/04/2024 |
| Patient name | : | Mr.P MOHAN | DOA | : | 30/3/2024 5:29PM |
| Age | : | 57 Y 0 M 13 D/Male | DOD | : | |
| | | | Entity Type | : | CASH |
| | | | Entity Name | : | CASH |
| Consultant Name | : | Dr.K.JAISHANKAR | | | |

| S.No | Description | | Amount |
|---|---|---|---|
| 1 | ADMINISTRATION CHARGES | ₹ | 681.00 |
| 2 | BED CHARGES | ₹ | 17,750.00 |
| 3 | CARDIOLOGY PACKAGE-HEART | ₹ | 16,000.00 |
| 4 | DIET CHARGES | ₹ | 2,900.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ | 800.00 |
| 6 | EQUIPMENT | ₹ | 19,310.00 |
| 7 | GENERAL PROCEDURE | ₹ | 500.00 |
| 8 | INTENSIVIST CHARGES | ₹ | 5,000.00 |
| 9 | LABORATORY | ₹ | 15,962.00 |
| 10 | MEDICAL RECORD CHARGE | ₹ | 200.00 |
| 11 | NURSING CHARGE | ₹ | 4,800.00 |
| 12 | OP REGISTRATION | ₹ | 150.00 |
| 13 | PHARMACY CHARGE | ₹ | 10,197.00 |
| 14 | PROFESSIONAL TEAM FEES | ₹ | 13,500.00 |
| 15 | RADIOLOGY | ₹ | 2,750.00 |
| | **Gross Amount** | ₹ | **110,500.00** |
| | **Net Payable** | ₹ | **110,500.00** |
| | **Advance Amount** | ₹ | **110,500.00** |
| | **Received Amount** | ₹ | **0.00** |

**Received Amount in Words** : One Lakh Ten Thousand Five Hundred Only

AKASH

**Authorised Signature**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 30/03/2024 | MMH/HM/RECAP202400 | CARD | Advance Amount | 30,000.00 |
| 2 | 30/03/2024 | MMH/HM/RECAP202400 | CARD | Advance Amount | 20,000.00 |
| 3 | 01/04/2024 | MMH/HM/RECAP202400 | CASH | Advance Amount | 16,000.00 |
| 4 | 02/04/2024 | MMH/HM/RECAP202400 | CASH | Advance Amount | 44,500.00 |