IN PATIENT SUMMARY BILL

UHID	:	MHI202483160	Bill No	:	MMH/HM/IPH202400736
IP No	:	IPH2024000764	Bill Date	:	01/04/2024
Patient name	:	Mr.PANDIYAN M	DOA	:	31/3/2024 11:36AM
Age	:	67 Y 0 M 30 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	₹	7,500.00
3	DIET CHARGES	₹	1,300.00
4	EQUIPMENT	₹	14,000.00
5	GENERAL PROCEDURE	₹	500.00
6	INTENSIVIST CHARGES	₹	3,000.00
7	LABORATORY	₹	14,295.50
8	MEDICAL RECORD CHARGE	₹	200.00
9	NURSING CHARGE	₹	2,000.00
10	OP REGISTRATION	₹	150.00
11	PHARMACY CHARGE	₹	448.00
12	PROFESSIONAL FEES	₹	6,500.00
13	RADIOLOGY	₹	400.00
	Gross Amount	₹	**50,893.50**
	Net Payable	₹	**50,894.00**
	Advance Amount	₹	**50,000.00**
	Received Amount	₹	**894.00**

Received Amount in Words : Fifty Thousand Eight Hundred Ninety-Four Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	31/03/2024	MMH/HM/RECAP202400	CARD	Advance Amount	50,000.00
2	01/04/2024	MMH/HM/RECBD202406	CARD	Collected Amount	894.00