IN PATIENT SUMMARY BILL

UHID	:	MHI202483190	Bill No	:	MMH/HM/IPH202400937
IP No	:	IPH2024000917	Bill Date	:	22/04/2024
Patient name	:	Mr.SETHURAMAN .V	DOA	:	16/4/2024 11:12AM
Age	:	68 Y 10 M 19 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.RAJESH.V			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	600.00
2	BED CHARGES	₹	26,000.00
3	BLOOD COMPONENTS	₹	6,200.00
4	CARDIOLOGY PACKAGE-HEART	₹	16,000.00
5	DIET CHARGES	₹	7,300.00
6	DUTY MEDICAL OFFICER CHARGE	₹	3,200.00
7	EQUIPMENT	₹	16,000.00
8	GENERAL PROCEDURE	₹	6,900.00
9	IMPLANT	₹	68,145.00
10	INTENSIVIST CHARGES	₹	5,000.00
11	IP REGISTRATION	₹	150.00
12	LABORATORY	₹	15,440.00
13	MEDICAL RECORD CHARGE	₹	200.00
14	NURSING CHARGE	₹	7,200.00
15	OPERATION THEATRE CHARGES	₹	27,000.00
16	PHARMACY CHARGE	₹	127,149.00
17	PHYSIOTHERAPY	₹	9,100.00
18	PROFESSIONAL TEAM FEES	₹	75,000.00
19	RADIOLOGY	₹	5,616.00
	Gross Amount	₹	**422,200.00**
	Net Payable	₹	**422,200.00**
	Advance Amount	₹	**422,200.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Four Lakh Twenty-Two Thousand Two Hundred Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	16/04/2024	MMH/HM/RECAP202401(	AFFORDPLAN	Advance Amount	190,000.00
2	16/04/2024	MMH/HM/RECAP202401(	CARD	Advance Amount	200,000.00
3	16/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	21,000.00
4	22/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	11,200.00