

IN PATIENT SUMMARY BILL

UHID : MHI202483401

IP No : IPH2024001004

Patient name : Dr.MOHIT SINGH

Age : 25 Y 11 M 7 D/Male

Consultant Name : Dr.K.JAISHANKAR

Bill No : MMH/HM/IPH202400990

Bill Date : 27/04/2024

DOA : 25/4/2024 6:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 8,700.00
3	CARDIOLOGY PACKAGE-HEART	₹ 64,445.00
4	DIET CHARGES	₹ 1,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	EQUIPMENT	₹ 500.00
7	GENERAL PROCEDURE	₹ 500.00
8	IMPLANT	₹ 130,349.00
9	INTENSIVIST CHARGES	₹ 2,500.00
10	IP REGISTRATION	₹ 150.00
11	LABORATORY	₹ 474.00
12	MEDICAL RECORD CHARGE	₹ 200.00
13	NURSING CHARGE	₹ 2,800.00
14	PHARMACY CHARGE	₹ 10,782.00
15	PROFESSIONAL TEAM FEES	₹ 90,000.00
16	RADIOLOGY	₹ 400.00
Gross Amount		₹ 315,000.00
Net Payable		₹ 315,000.00
Advance Amount		₹ 245,000.00
Received Amount		₹ 70,000.00

Received Amount in Words : Three Lakh Fifteen Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/04/2024	MMH/HM/RECAP2024011	NEFT	Advance Amount	160,000.00
2	25/04/2024	MMH/HM/RECAP2024011	UPI	Advance Amount	85,000.00
3	27/04/2024	MMH/HM/RECBD202408	UPI	Collected Amount	70,000.00