

IN PATIENT SUMMARY BILL

UHID : MHI202483409

IP No : IPH2024000930

Patient name : Mrs.S P KANNATHAL

Age : 72 Y 2 M 16 D/Female

Bill No : MMH/HM/IPH202400920

Bill Date : 20/04/2024

DOA : 17/4/2024 8:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.K.JAISHANKAR

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 600.00
3	BED CHARGES	₹ 17,400.00
4	CARDIOLOGY PACKAGE-HEART	₹ 80,385.00
5	DIET CHARGES	₹ 3,900.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
7	EQUIPMENT	₹ 1,000.00
8	GENERAL PROCEDURE	₹ 500.00
9	IMPLANT	₹ 85,904.00
10	INTENSIVIST CHARGES	₹ 2,500.00
11	IP REGISTRATION	₹ 150.00
12	LABORATORY	₹ 3,250.00
13	MEDICAL RECORD CHARGE	₹ 200.00
14	NURSING CHARGE	₹ 3,600.00
15	PHARMACY CHARGE	₹ 16,262.00
16	PROFESSIONAL TEAM FEES	₹ 95,000.00
17	RADIOLOGY	₹ 800.00
Gross Amount		₹ 318,001.00
Net Payable		₹ 318,001.00
Advance Amount		₹ 318,001.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Eighteen Thousand One Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/04/2024	MMH/HM/RECAP2024010	NEFT	Advance Amount	201,001.00
2	20/04/2024	MMH/HM/RECAP2024010	NEFT	Advance Amount	117,000.00