IN PATIENT SUMMARY BILL

: MMH/HM/IPH202400951 : MHC202413867 UHID Bill No

: 23/04/2024 : IPH2024000937 IP No Bill Date

: Mr.DHANAPAL RAJAGOPAL : 18/4/2024 4:05PM DOA Patient name

: 69 Y 2 M 13 D/Male DOD Age

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

Amount		ription	S.No
600.00	₹	NISTRATION CHARGES	1
29,850.00	₹	CHARGES	2
5,000.00	₹	CHARGES	3
2,400.00	₹	MEDICAL OFFICER CHARGE	4
33,500.00	₹	PMENT	5
500.00	₹	ERAL PROCEDURE	6
7,000.00	₹	NSIVIST CHARGES	7
150.00	₹	GISTRATION	8
15,262.00	₹	PRATORY	9
200.00	₹	ICAL RECORD CHARGE	10
8,400.00	₹	SING CHARGE	11
25,000.00	₹	ESSIONAL TEAM FEES	12
7,450.00	₹	OLOGY	13
135,312.00	₹	Gross Amount	

135,312.00 Net Payable 135,312.00 **Advance Amount Received Amount** 0.00

PRAVEEN **Received Amount in Words**

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	50,000.00
2	23/04/2024	MMH/HM/RECAP2024011	CASH	Advance Amount	85,312.00