IN PATIENT SUMMARY BILL

UHID	:	MHI202483484	Bill No	:	MMH/HM/IPH202400979
IP No	:	IPH2024000973	Bill Date	:	26/04/2024
Patient name	:	Mr.SYED RASHEED	DOA	:	24/4/2024 8:32AM
Age	:	69 Y 1 M 22 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	₹	11,625.00
3	CARDIOLOGY PACKAGE-HEART	₹	39,015.00
4	DIET CHARGES	₹	3,100.00
5	DUTY MEDICAL OFFICER CHARGE	₹	1,600.00
6	EQUIPMENT	₹	10,600.00
7	GENERAL PROCEDURE	₹	500.00
8	IMPLANT	₹	50,000.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	IP REGISTRATION	₹	150.00
11	LABORATORY	₹	2,690.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	3,600.00
14	PHARMACY CHARGE	₹	25,020.00
15	PROFESSIONAL TEAM FEES	₹	93,000.00
16	RADIOLOGY	₹	800.00
	Gross Amount	₹	**245,000.00**
	Net Payable	₹	**245,000.00**
	Advance Amount	₹	**245,000.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Forty-Five Thousand Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	25,000.00
2	24/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	25,000.00
3	24/04/2024	MMH/HM/RECAP202401	AFFORDPLAN	Advance Amount	100,000.00
4	26/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	75,000.00
5	26/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	20,000.00