

IN PATIENT SUMMARY BILL

UHID : MHI202483508

IP No : IPH2024000940

Patient name : Mr.MOHAMED ILYAS K M

Age : 52 Y 0 M 3 D/Male

Bill No : MMH/HM/IPH202400935

Bill Date : 22/04/2024

DOA : 19/4/2024 7:32AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,950.00
2	ADMINISTRATION CHARGES	₹ 1,000.00
3	BED CHARGES	₹ 21,150.00
4	CARDIOLOGY PACKAGE-HEART	₹ 62,425.00
5	DIET CHARGES	₹ 3,900.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 1,600.00
7	EQUIPMENT	₹ 2,000.00
8	GENERAL PROCEDURE	₹ 500.00
9	IMPLANT	₹ 111,532.00
10	INTENSIVIST CHARGES	₹ 5,000.00
11	IP REGISTRATION	₹ 150.00
12	LABORATORY	₹ 12,163.00
13	MEDICAL RECORD CHARGE	₹ 200.00
14	NURSING CHARGE	₹ 5,600.00
15	PHARMACY CHARGE	₹ 28,679.00
16	PROFESSIONAL TEAM FEES	₹ 85,000.00
17	RADIOLOGY	₹ 5,600.00

Gross Amount₹ 351,449.00

Net Payable₹ 351,449.00

Advance Amount₹ 351,449.00

Received Amount₹ 0.00

Received Amount in Words : Three Lakh Fifty-One Thousand Four Hundred Forty-Nine Only

PRAVEEN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	50,000.00
2	19/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	16,000.00
3	20/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	150,000.00
4	22/04/2024	MMH/HM/RECAP2024010	CASH	Advance Amount	34,000.00
5	22/04/2024	MMH/HM/RECAP2024010	UPI	Advance Amount	95,000.00
6	22/04/2024	MMH/HM/RECAP2024010	CARD	Advance Amount	6,449.00