IN PATIENT SUMMARY BILL

UHID	:	MHI202483525	Bill No	:	MMH/HM/IPH202401003
IP No	:	IPH2024000947	Bill Date	:	29/04/2024
Patient name	:	Mr.SUNDARAVEL	DOA	:	20/4/2024 3:19PM
Age	:	48 Y 7 M 3 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.ANBARASU MOHANRAJ			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	608.00
2	BED CHARGES	₹	24,000.00
3	BLOOD COMPONENTS	₹	5,100.00
4	DIET CHARGES	₹	9,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	6,400.00
6	EQUIPMENT	₹	21,400.00
7	GENERAL PROCEDURE	₹	900.00
8	INTENSIVIST CHARGES	₹	5,000.00
9	IP REGISTRATION	₹	150.00
10	LABORATORY	₹	18,965.00
11	MEDICAL RECORD CHARGE	₹	200.00
12	NURSING CHARGE	₹	10,400.00
13	OPERATION THEATRE CHARGES	₹	33,750.00
14	PHARMACY CHARGE	₹	77,457.00
15	PHYSIOTHERAPY	₹	9,100.00
16	PROFESSIONAL TEAM FEES	₹	48,800.00
17	RADIOLOGY	₹	5,470.00
	Gross Amount	₹	**277,200.00**
	Net Payable	₹	**277,200.00**
	Advance Amount	₹	**277,200.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Seventy-Seven Thousand Two Hundred Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/04/2024	MMH/HM/RECAP202401(	CASH	Advance Amount	100,000.00
2	22/04/2024	MMH/HM/RECAP202401(	CASH	Advance Amount	100,000.00
3	22/04/2024	MMH/HM/RECAP202401(	UPI	Advance Amount	50,000.00
4	27/04/2024	MMH/HM/RECAP202401]	CARD	Advance Amount	22,000.00
5	27/04/2024	MMH/HM/RECAP202401]	CARD	Advance Amount	0.00
6	28/04/2024	MMH/HM/RECAP202401]	UPI	Advance Amount	5,200.00