## IN PATIENT SUMMARY BILL

| | | | | | |
|---|---|---|---|---|---|
| UHID | : | MHI202483574 | Bill No | : | MMH/HM/IPH202400991 |
| IP No | : | IPH2024001000 | Bill Date | : | 27/04/2024 |
| Patient name | : | Mrs.PAVALAKODI | DOA | : | 25/4/2024 11:05AM |
| Age | : | 82 Y 0 M 3 D/Female | DOD | : | |
| | | | Entity Type | : | CASH |
| | | | Entity Name | : | CASH |
| Consultant Name | : | Dr.G. GNANAVELU | | | |

| S.No | Description | | Amount |
|---|---|---|---|
| 1 | ADMINISTRATION CHARGES | ₹ | 600.00 |
| 2 | BED CHARGES | ₹ | 11,625.00 |
| 3 | CARDIOLOGY PACKAGE-HEART | ₹ | 33,079.00 |
| 4 | DIET CHARGES | ₹ | 3,100.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ | 1,600.00 |
| 6 | EQUIPMENT | ₹ | 1,000.00 |
| 7 | GENERAL PROCEDURE | ₹ | 500.00 |
| 8 | IMPLANT | ₹ | 61,324.00 |
| 9 | INTENSIVIST CHARGES | ₹ | 2,500.00 |
| 10 | IP REGISTRATION | ₹ | 150.00 |
| 11 | LABORATORY | ₹ | 3,385.00 |
| 12 | MEDICAL RECORD CHARGE | ₹ | 200.00 |
| 13 | NURSING CHARGE | ₹ | 3,600.00 |
| 14 | PHARMACY CHARGE | ₹ | 24,137.00 |
| 15 | PROFESSIONAL TEAM FEES | ₹ | 78,000.00 |
| 16 | RADIOLOGY | ₹ | 1,200.00 |
| | **Gross Amount** | ₹ | **226,000.00** |
| | **Net Payable** | ₹ | **226,000.00** |
| | **Advance Amount** | ₹ | **226,000.00** |
| | **Received Amount** | ₹ | **0.00** |

**Received Amount in Words** : Two Lakh Twenty-Six Thousand Only

PRAVEEN

**Authorised Signature**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|---|---|---|---|---|---|
| 1 | 25/04/2024 | MMH/HM/RECAP202401 | CASH | Advance Amount | 16,000.00 |
| 2 | 25/04/2024 | MMH/HM/RECAP202401 | CARD | Advance Amount | 50,000.00 |
| 3 | 25/04/2024 | MMH/HM/RECAP202401 | CASH | Advance Amount | 25,000.00 |
| 4 | 27/04/2024 | MMH/HM/RECAP202401 | AFFORDPLAN | Advance Amount | 100,000.00 |
| 5 | 27/04/2024 | MMH/HM/RECAP202401 | CARD | Advance Amount | 35,000.00 |