IN PATIENT SUMMARY BILL

UHID	:	MHI202483602	Bill No	:	MMH/HM/IPH202401018
IP No	:	IPH2024001005	Bill Date	:	30/04/2024
Patient name	:	Mr.RAM DEAUBA	DOA	:	26/4/2024 4:03AM
Age	:	41 Y 0 M 4 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	₹	7,500.00
3	CARDIOLOGY PACKAGE-HEART	₹	59,000.00
4	DIET CHARGES	₹	3,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹	2,300.00
6	EQUIPMENT	₹	1,000.00
7	GENERAL PROCEDURE	₹	800.00
8	IMPLANT	₹	25,000.00
9	INTENSIVIST CHARGES	₹	2,500.00
10	IP REGISTRATION	₹	150.00
11	LABORATORY	₹	15,959.00
12	MEDICAL RECORD CHARGE	₹	200.00
13	NURSING CHARGE	₹	2,800.00
14	PHARMACY CHARGE	₹	23,411.00
15	PROFESSIONAL TEAM FEES	₹	83,000.00
16	RADIOLOGY	₹	1,200.00
	Gross Amount	₹	**228,920.00**
	Net Payable	₹	**228,920.00**
	Advance Amount	₹	**228,920.00**
	Received Amount	₹	**0.00**

Received Amount in Words : Two Lakh Twenty-Eight Thousand Nine Hundred Twenty Only

AKASH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	38,000.00
2	26/04/2024	MMH/HM/RECAP202401	UPI	Advance Amount	12,000.00
3	26/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	100,000.00
4	27/04/2024	MMH/HM/RECAP202401	CASH	Advance Amount	20,000.00
5	27/04/2024	MMH/HM/RECAP202401	UPI	Advance Amount	21,000.00
6	27/04/2024	MMH/HM/RECAP202401	CARD	Advance Amount	37,920.00