

IN PATIENT SUMMARY BILL

UHID : MH57682

IP No : IP2024001446

Patient name : Mrs.GOURI SIKDER

Age : 44 Y 5 M 2 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401428

Bill Date : 03/07/2024

DOA : 28/6/2024 8:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 126.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 25,050.00
10	OTHER ADDITION	₹ 15,000.00
11	PHARMACY CHARGE	₹ 45,966.00
12	PHYSIOTHERAPY	₹ 1,000.00
13	PROFESSIONAL TEAM FEES	₹ 43,078.00
14	RADIOLOGY	₹ 2,030.00
Gross Amount		₹ 150,000.00
Net Payable		₹ 150,000.00
Advance Amount		₹ 150,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty Thousand Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/28/2024	MMH/MH/RECH202402402	UPI	Advance Amount	50,000.00
2	6/30/2024	MMH/MH/RECH202402429	CARD	Advance Amount	45,000.00
3	7/2/2024	MMH/MH/RECH202402470	UPI	Advance Amount	17,000.00
4	7/3/2024	MMH/MH/RECH202402478	UPI	Advance Amount	30,000.00
5	7/3/2024	MMH/MH/RECH202402480	CASH	Advance Amount	8,000.00