

**IN PATIENT SUMMARY BILL**

UHID : MMH202372141  
IP No : IP2023002741  
Patient name : Mrs.BANDANA SANTRA  
Age : 51 Y 10 M 11 D/Female

Bill No : MMH/MH/IP00195  
Bill Date : 22/12/2023  
DOA : 17/12/2023 5:39PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 126.00
8	NURSING CHARGE	₹ 3,750.00
9	OPERATION THEATRE CHARGES	₹ 18,050.00
10	PHARMACY CHARGE	₹ 47,492.00
11	PHYSIOTHERAPY	₹ 1,500.00
12	PROFESSIONAL TEAM FEES	₹ 71,902.00
13	RADIOLOGY	₹ 630.00
Gross Amount		₹ 157,000.00
Net Payable		₹ 157,000.00
Advance Amount		₹ 157,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Fifty-Seven Thousand Only

KARTHIK C  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/MH/RECH00392	CARD	Advance Amount	10,000.00
2	20/12/2023	MMH/MH/RECH00416	CARD	Advance Amount	40,000.00
3	22/12/2023	MMH/MH/RECH00437	CARD	Advance Amount	40,000.00
4	22/12/2023	MMH/MH/RECH00438	UPI	Advance Amount	10,000.00
5	22/12/2023	MMH/MH/RECH00439	UPI	Advance Amount	3,000.00
6	22/12/2023	MMH/MH/RECH00440	CASH	Advance Amount	54,000.00