

IN PATIENT SUMMARY BILL

UHID : MMH202372544
IP No : IP2023002817
Patient name : Mrs.SUMERA CHAKMA
Age : 41 Y 0 M 3 D/Female

Bill No : MMH/MH/IP00259
Bill Date : 30/12/2023
DOA : 27/12/2023 3:45PM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.MANIKANDAN L

| S.No | Description | Amount |
|------------------------|-----------------------------|--------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 8,250.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,100.00 |
| 4 | GENERAL PROCEDURE | ₹ 450.00 |
| 5 | INJECTION CHARGES | ₹ 200.00 |
| 6 | LABORATORY | ₹ 10,714.00 |
| 7 | NURSING CHARGE | ₹ 2,250.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 10,150.00 |
| 9 | PHARMACY CHARGE | ₹ 18,074.00 |
| 10 | PHYSIOTHERAPY | ₹ 600.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 36,862.00 |
| Gross Amount | | ₹ 90,000.00 |
| Net Payable | | ₹ 90,000.00 |
| Advance Amount | | ₹ 50,000.00 |
| Received Amount | | ₹ 40,000.00 |

Received Amount in Words : Ninety Thousand Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1 | 29/12/2023 | MMH/MH/RECH00534 | CARD | Advance Amount | 30,000.00 |
| 2 | 29/12/2023 | MMH/MH/RECH00546 | CARD | Advance Amount | 20,000.00 |
| 3 | 30/12/2023 | MMH/MH/REDH02767 | CARD | Collected Amount | 40,000.00 |