

IN PATIENT SUMMARY BILL

UHID : MHI202482840

IP No : IP2024001559

Patient name : Mrs.RUBY ROSE K C

Age : 26 Y 11 M 4 D/Female

Bill No : MMH/MH/IP202401479

Bill Date : 12/07/2024

DOA : 7/7/2024 4:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SADHANA DEVI.T

S.No	Description	Amount
1	ACCOMMODATION	₹ 4,200.00
2	ADMINISTRATION CHARGES	₹ 10,350.00
3	BED CHARGES	₹ 23,950.00
4	BLOOD COMPONENTS	₹ 500.00
5	DIET CHARGES	₹ 2,000.00
6	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
7	EQUIPMENT	₹ 6,000.00
8	GENERAL PROCEDURE	₹ 1,450.00
9	INTENSIVIST CHARGES	₹ 3,000.00
10	LABORATORY	₹ 4,332.00
11	NURSING CHARGE	₹ 5,200.00
12	OPERATION THEATRE CHARGES	₹ 10,350.00
13	PHYSIOTHERAPY	₹ 700.00
14	PROFESSIONAL TEAM FEES	₹ 69,000.00
Gross Amount		₹ 144,032.00
Net Payable		₹ 144,032.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 104,032.00

Received Amount in Words : One Lakh Forty-Four Thousand Thirty-Two Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/7/2024	MMH/MH/RECH202402621	CARD	Advance Amount	40,000.00
2	7/12/2024	MMH/MH/REDH202415166	UPI	Collected Amount	20,002.00
3	7/12/2024	MMH/MH/REDH202415167	CASH	Collected Amount	84,030.00