

IN PATIENT SUMMARY BILL

UHID : MMH202476545

IP No : IP2024001046

Patient name : Mrs.ANWESHA BHATTACHARJYA

Age : 33 Y 9 M 0 D/Female

Consultant Name : Dr.BALAMURUGAN.S

Bill No : MMH/MH/IP202401052

Bill Date : 14/05/2024

DOA : 7/5/2024 9:18AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 1,400.00
6	INJECTION CHARGES	₹ 680.00
7	LABORATORY	₹ 132.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 29,850.00
10	PHARMACY CHARGE	₹ 124,750.00
11	PHYSIOTHERAPY	₹ 4,000.00
12	PROFESSIONAL TEAM FEES	₹ 81,678.00
13	RADIOLOGY	₹ 660.00
Gross Amount		₹ 267,000.00
Net Payable		₹ 267,000.00
Advance Amount		₹ 145,000.00
Received Amount		₹ 122,000.00

Received Amount in Words : Two Lakh Sixty-Seven Thousand Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	80,000.00
2	12/05/2024	MMH/MH/RECH2024017	CARD	Advance Amount	65,000.00
3	14/05/2024	MMH/MH/REDH2024101	CARD	Collected Amount	70,000.00
4	14/05/2024	MMH/MH/REDH2024101	CASH	Collected Amount	52,000.00