

IN PATIENT SUMMARY BILL

UHID : MMH202477025

IP No : IP2024001599

Patient name : Mrs.RITA MONDAL

Age : 45 Y 6 M 18 D/Female

Consultant Name : Dr.BALAJI.B

Bill No : MMH/MH/IP202401543

Bill Date : 19/07/2024

DOA : 16/7/2024 6:56PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,691.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 14,850.00
10	OTHER ADDITION	₹ 5,000.00
11	PHARMACY CHARGE	₹ 17,676.00
12	PROFESSIONAL TEAM FEES	₹ 30,833.00
Gross Amount		₹ 80,000.00
Net Payable		₹ 80,000.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty Thousand Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/16/2024	MMH/MH/RECH202402686	UPI	Advance Amount	50,000.00
2	7/18/2024	MMH/MH/RECH202402725	UPI	Advance Amount	30,000.00