

IN PATIENT SUMMARY BILL

UHID : MMH202478703

IP No : IP2024001460

Patient name : Mrs.LILA MAZUMDIER

Age : 51 Y 0 M 4 D/Female

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401431

Bill Date : 03/07/2024

DOA : 30/6/2024 2:11PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	EQUIPMENT	₹ 3,000.00
5	LABORATORY	₹ 8,999.00
6	NURSING CHARGE	₹ 2,400.00
7	OP CHARGES	₹ 3,000.00
8	PHARMACY CHARGE	₹ 5,936.00
9	PROFESSIONAL TEAM FEES	₹ 6,000.00
10	RADIOLOGY	₹ 1,400.00
Gross Amount		₹ 36,635.00
Net Payable		₹ 36,635.00
Received Amount		₹ 36,635.00

Received Amount in Words : Thirty-Six Thousand Six Hundred Thirty-Five Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/3/2024	MMH/MH/REDH202414291	CASH	Collected Amount	36,635.00