

IN PATIENT SUMMARY BILL

UHID : MMH202479504

IP No : IP2024001619

Patient name : Mrs.BABY KARMOKAR

Age : 56 Y 0 M 5 D/Female

Bill No : MMH/MH/IP202401575

Bill Date : 23/07/2024

DOA : 18/7/2024 6:09PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 1,400.00
6	INJECTION CHARGES	₹ 600.00
7	LABORATORY	₹ 1,177.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 25,975.00
10	OTHER ADDITION	₹ 35,000.00
11	PHARMACY CHARGE	₹ 122,904.00
12	PHYSIOTHERAPY	₹ 2,500.00
13	PROFESSIONAL TEAM FEES	₹ 78,274.00
14	RADIOLOGY	₹ 2,320.00
Gross Amount		₹ 295,000.00
Net Payable		₹ 295,000.00
Advance Amount		₹ 135,500.00
Received Amount		₹ 159,500.00

Received Amount in Words : Two Lakh Ninety-Five Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/23/2024	MMH/MH/RECH20240280	UPI	Advance Amount	15,500.00
2	7/23/2024	MMH/MH/RECH20240280	CARD	Advance Amount	50,000.00
3	7/23/2024	MMH/MH/RECH20240280	CARD	Advance Amount	70,000.00
4	7/23/2024	MMH/MH/REDH20241600	CASH	Collected Amount	159,500.00