

IN PATIENT SUMMARY BILL

UHID : MMH202479935 Bill No : MMH/MH/IP202401642
 IP No : IP2024001698 Bill Date : 31/07/2024
 Patient name : Mrs.POPI RANI ROY DOA : 29/7/2024 2:51PM
 Age : 56 Y 5 M 14 D/Female DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.ARAVIND. S.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 6,950.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,104.00
8	NURSING CHARGE	₹ 1,600.00
9	OPERATION THEATRE CHARGES	₹ 11,000.00
10	PHARMACY CHARGE	₹ 72,175.00
11	PHYSIOTHERAPY	₹ 500.00
12	PROFESSIONAL TEAM FEES	₹ 34,401.00
13	RADIOLOGY	₹ 1,720.00
		₹ 133,000.00
		₹ 133,000.00
		₹ 125,000.00
		₹ 8,000.00

Received Amount in Words : One Lakh Thirty-Three Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/30/2024	MMH/MH/RECH202402907	CARD	Advance Amount	125,000.00
2	7/31/2024	MMH/MH/REDH202416673	CASH	Collected Amount	8,000.00