

IN PATIENT SUMMARY BILL

UHID : MMH202480409

IP No : IP2024001789

Patient name : Mrs.MIRAVALA MANDAL

Age : 62 Y 0 M 3 D/Female

Bill No : MMH/MH/IP202401734

Bill Date : 13/08/2024

DOA : 10/8/2024 3:46PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUBRAMANIYAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 19,300.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 2,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
6	EQUIPMENT	₹ 4,700.00
7	GENERAL PROCEEDURE	₹ 500.00
8	INTENSIVIST CHARGES	₹ 7,500.00
9	LABORATORY	₹ 18,718.00
10	NURSING CHARGE	₹ 5,400.00
11	PHARMACY CHARGE	₹ 18,662.00
12	PHYSIOTHERAPY	₹ 1,400.00
13	PROFESSIONAL TEAM FEES	₹ 12,500.00
14	RADIOLOGY	₹ 2,000.00
Gross Amount		₹ 95,955.00
Net Payable		₹ 95,955.00
Advance Amount		₹ 80,000.00
Received Amount		₹ 15,955.00

Received Amount in Words : Ninety-Five Thousand Nine Hundred Fifty-Five Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/11/2024	MMH/MH/RECH202403086	CARD	Advance Amount	50,000.00
2	8/12/2024	MMH/MH/RECH202403098	CARD	Advance Amount	30,000.00
3	8/13/2024	MMH/MH/REDH202417677	CARD	Collected Amount	15,955.00