

IN PATIENT SUMMARY BILL

UHID : MMH202480409

IP No : IP2024002147

Patient name : Mrs.MIRAVALA MANDAL

Age : 62 Y 1 M 21 D/Female

Bill No : MMH/MH/IP202402108

Bill Date : 01/10/2024

DOA : 26/9/2024 9:44AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SUBRAMANIYAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 3,000.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,470.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 22,500.00
11	PHARMACY CHARGE	₹ 21,445.00
12	PROCEDURE CHARGES	₹ 1,000.00
13	PROFESSIONAL TEAM FEES	₹ 45,485.00
Gross Amount		₹ 110,000.00
Net Payable		₹ 110,000.00
Advance Amount		₹ 110,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Ten Thousand Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/27/2024	MMH/MH/RECH202403780	CARD	Advance Amount	50,000.00
2	10/1/2024	MMH/MH/RECH202403859	CASH	Advance Amount	60,000.00