

IN PATIENT SUMMARY BILL

UHID : MMH202480800

IP No : IP2024001899

Patient name : Mrs.KRISHNA HALDER

Age : 70 Y 0 M 1 D/Female

Consultant Name : Dr.ELAKIYA MATHIMARAN

Bill No : MMH/MH/IP202401829

Bill Date : 25/08/2024

DOA : 25/8/2024 4:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	BLOOD COMPONENTS	₹ 3,000.00
4	EQUIPMENT	₹ 18,000.00
5	GENERAL PROCEEDURE	₹ 11,650.00
6	INTENSIVIST CHARGES	₹ 3,000.00
7	LABORATORY	₹ 38,208.00
8	NURSING CHARGE	₹ 2,000.00
9	PHARMACY CHARGE	₹ 59,514.00
10	PROFESSIONAL TEAM FEES	₹ 3,000.00
11	RADIOLOGY	₹ 2,175.00
Gross Amount		₹ 148,397.00
Net Payable		₹ 148,397.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 108,397.00

Received Amount in Words : One Lakh Forty-Eight Thousand Three Hundred Ninety-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/25/2024	MMH/MH/RECH202403276	UPI	Advance Amount	40,000.00
2	8/25/2024	MMH/MH/REDH202418589	UPI	Collected Amount	40,000.00
3	8/25/2024	MMH/MH/REDH202418590	CARD	Collected Amount	48,397.00
4	8/25/2024	MMH/MH/REDH202418591	CASH	Collected Amount	20,000.00