

IN PATIENT SUMMARY BILL

UHID : MMH202481932

IP No : IP2024002163

Patient name : Mrs.CHAMELI DAS

Age : 40 Y 7 M 27 D/Female

Bill No : MMH/MH/IP202402123

Bill Date : 03/10/2024

DOA : 27/9/2024 8:23PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.AJAY NARASIMHAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 31,300.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
6	EQUIPMENT	₹ 28,650.00
7	INJECTION CHARGES	₹ 1,200.00
8	INTENSIVIST CHARGES	₹ 9,000.00
9	LABORATORY	₹ 10,147.00
10	NURSING CHARGE	₹ 8,400.00
11	OPERATION THEATRE CHARGES	₹ 26,000.00
12	PHYSIOTHERAPY	₹ 4,900.00
13	PROCEDURE CHARGES	₹ 900.00
14	PROFESSIONAL TEAM FEES	₹ 114,000.00
15	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 243,597.00
Net Payable		₹ 243,597.00
Advance Amount		₹ 172,000.00
Received Amount		₹ 71,597.00

Received Amount in Words : Two Lakh Forty-Three Thousand Five Hundred Ninety-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/3/2024	MMH/MH/REDH202421747	CHEQUE	Collected Amount	2,781.00
2	9/27/2024	MMH/MH/RECH202403791	CARD	Advance Amount	30,000.00
3	9/27/2024	MMH/MH/RECH202403792	CARD	Advance Amount	2,000.00
4	9/28/2024	MMH/MH/RECH202403814	CARD	Advance Amount	70,000.00
5	10/1/2024	MMH/MH/RECH202403853	CARD	Advance Amount	70,000.00
6	10/3/2024	MMH/MH/REDH202421748	CARD	Collected Amount	68,816.00