

IN PATIENT SUMMARY BILL

UHID : MH24779

IP No : IP2024001106

Patient name : Mrs.KAMALA SARKAR

Age : 46 Y 4 M 17 D/Female

Bill No : MMH/MH/IP202401067

Bill Date : 18/05/2024

DOA : 15/5/2024 5:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VISHNUBABU.G

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	LABORATORY	₹ 3,696.00
5	NURSING CHARGE	₹ 1,600.00
6	OPERATION THEATRE CHARGES	₹ 8,002.00
7	PHARMACY CHARGE	₹ 9,985.00
8	PROFESSIONAL TEAM FEES	₹ 22,667.00
Gross Amount		₹ 50,000.00
Net Payable		₹ 50,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 20,000.00

Received Amount in Words : Fifty Thousand Only

KARTHIK C  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	17/05/2024	MMH/MH/RECH20240178	UPI	Advance Amount	30,000.00
2	18/05/2024	MMH/MH/REDH20241047	CARD	Collected Amount	20,000.00