

IN PATIENT SUMMARY BILL

UHID : MH54665

IP No : IP2024001594

Patient name : Mr.ARANYA SINGHA RAY

Age : 44 Y 0 M 1 D/Male

Consultant Name : Dr.VIGNESH .M

Bill No : MMH/MH/IP202401521

Bill Date : 17/07/2024

DOA : 16/7/2024 11:46AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	EQUIPMENT	₹ 1,000.00
6	LABORATORY	₹ 252.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 7,350.00
9	PHARMACY CHARGE	₹ 8,167.00
10	PROFESSIONAL TEAM FEES	₹ 24,231.00
Gross Amount		₹ 44,500.00
Net Payable		₹ 44,500.00
Advance Amount		₹ 24,500.00
Received Amount		₹ 20,000.00

Received Amount in Words : Forty-Four Thousand Five Hundred Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/17/2024	MMH/MH/RECH202402698	UPI	Advance Amount	24,500.00
2	7/17/2024	MMH/MH/REDH202415575	CASH	Collected Amount	20,000.00