

IN PATIENT SUMMARY BILL

UHID : MMH202371936
IP No : IP2023002800
Patient name : Mr.SAMIR KUMAR ROY
Age : 45 Y 11 M 24 D/Male

Bill No : MMH/MH/IP00223
Bill Date : 26/12/2023
DOA : 25/12/2023 9:58AM
DOD :
Entity Type : CASH
Entity Name : CASH

Consultant Name : Dr.GOWRI SHANKAR.M

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	NURSING CHARGE	₹ 750.00
5	OPERATION THEATRE CHARGES	₹ 3,000.00
6	PHARMACY CHARGE	₹ 1,300.00
7	PROFESSIONAL TEAM FEES	₹ 7,800.00
Gross Amount		₹ 15,000.00
Net Payable		₹ 15,000.00
Received Amount		₹ 15,000.00

Received Amount in Words : Fifteen Thousand Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/12/2023	MMH/MH/REDH02398	CASH	Collected Amount	15,000.00