

IN PATIENT SUMMARY BILL

UHID : MMH202400007

IP No : IP2024000016

Patient name : Mrs.PIU MAL

Age : 25 Y 2 M 4 D/Female

Bill No : MMH/MH/IP202400017

Bill Date : 03/01/2024

DOA : 2/1/2024 6:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.IRFANA.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	EQUIPMENT	₹ 11,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 120.00
7	NURSING CHARGE	₹ 750.00
8	OPERATION THEATRE CHARGES	₹ 9,500.00
9	PHARMACY CHARGE	₹ 10,459.00
10	PROFESSIONAL TEAM FEES	₹ 20,821.00
Gross Amount		₹ 55,000.00
Net Payable		₹ 55,000.00
Received Amount		₹ 55,000.00

Received Amount in Words : Fifty-Five Thousand Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	03/01/2024	MMH/MH/REDH2024001	CASH	Collected Amount	3,000.00
2	03/01/2024	MMH/MH/REDH2024001	UPI	Collected Amount	52,000.00