

IN PATIENT SUMMARY BILL

UHID : MMH202474365

IP No : IP2024001625

Patient name : Mrs.SHIPRA MAJUMDER

Age : 61 Y 8 M 10 D/Female

Consultant Name : Dr.AYYAPPAN.M.K

Bill No : MMH/MH/IP202401555

Bill Date : 20/07/2024

DOA : 19/7/2024 11:59AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	EQUIPMENT	₹ 1,000.00
5	LABORATORY	₹ 126.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 7,000.00
8	PHARMACY CHARGE	₹ 29,989.00
9	PROFESSIONAL TEAM FEES	₹ 27,885.00
10	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 70,000.00
Net Payable		₹ 70,000.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 0.00

Received Amount in Words : Seventy Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/20/2024	MMH/MH/RECH202402748	CASH	Advance Amount	55,000.00
2	7/20/2024	MMH/MH/RECH202402754	CASH	Advance Amount	15,000.00