

IN PATIENT SUMMARY BILL

UHID : MMH202476575

IP No : IP2024001064

Patient name : Mr.MADAN SAHA

Age : 56 Y 0 M 3 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401015

Bill Date : 11/05/2024

DOA : 9/5/2024 12:24PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	EQUIPMENT	₹ 2,653.00
6	LABORATORY	₹ 4,631.00
7	NURSING CHARGE	₹ 1,600.00
8	PHARMACY CHARGE	₹ 3,841.00
9	PROFESSIONAL TEAM FEES	₹ 6,500.00
10	PULMONOLOGIST	₹ 1,500.00
11	RADIOLOGY	₹ 525.00
Gross Amount		₹ 26,800.00
Net Payable		₹ 26,800.00
Received Amount		₹ 26,800.00

Received Amount in Words : Twenty-Six Thousand Eight Hundred Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/05/2024	MMH/MH/REDH20241006	CASH	Collected Amount	26,800.00