

IN PATIENT SUMMARY BILL

UHID : MMH202477185

IP No : IP2024001175

Patient name : Mr.SRIKANTA KUMAR MAITY

Age : 46 Y 4 M 26 D/Male

Bill No : MMH/MH/IP202401152

Bill Date : 29/05/2024

DOA : 24/5/2024 6:32PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BALASUBRAMANIAM

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	GENERAL PROCEDURE	₹ 1,450.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 8,684.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 20,050.00
10	OTHER ADDITION	₹ 30,100.00
11	PHARMACY CHARGE	₹ 29,733.00
12	PHYSIOTHERAPY	₹ 1,500.00
13	PROFESSIONAL TEAM FEES	₹ 57,000.00
Gross Amount		₹ 163,817.00
Net Payable		₹ 163,817.00
Advance Amount		₹ 163,817.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Sixty-Three Thousand Eight Hundred Seventeen Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	8,000.00
2	28/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	70,000.00
3	29/05/2024	MMH/MH/RECH2024019	CARD	Advance Amount	72,000.00
4	29/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	8,817.00
5	29/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	5,000.00