

IN PATIENT SUMMARY BILL

UHID : MMH202477561

IP No : IP2024001262

Patient name : Dr.PRIYANKA BARMAN

Age : 33 Y 8 M 15 D/Female

Bill No : MMH/MH/IP202401197

Bill Date : 04/06/2024

DOA : 4/6/2024 1:35PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUN KUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DIET CHARGES	₹ 650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 375.00
5	NURSING CHARGE	₹ 400.00
6	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 5,875.00
Net Payable		₹ 5,875.00
Received Amount		₹ 5,875.00

Received Amount in Words : Five Thousand Eight Hundred Seventy-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/06/2024	MMH/MH/REDH20241197	CARD	Collected Amount	5,875.00