

IN PATIENT SUMMARY BILL

UHID : MMH202478580

IP No : IP2024001432

Patient name : Mrs.PRATIMA DAS KALITA

Age : 47 Y 0 M 2 D/Female

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401386

Bill Date : 28/06/2024

DOA : 26/6/2024 5:55PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	LABORATORY	₹ 20,129.00
6	NURSING CHARGE	₹ 1,600.00
7	PROFESSIONAL TEAM FEES	₹ 8,000.00
8	RADIOLOGY	₹ 4,925.00
Gross Amount		₹ 43,804.00
Net Payable		₹ 43,804.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 38,804.00

Received Amount in Words : Forty-Three Thousand Eight Hundred Four Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/26/2024	MMH/MH/RECH202402371	UPI	Advance Amount	5,000.00
2	6/28/2024	MMH/MH/REDH202413891	CHEQUE	Collected Amount	1,790.00
3	6/28/2024	MMH/MH/REDH202413892	UPI	Collected Amount	37,014.00