

IN PATIENT SUMMARY BILL

UHID : MMH202478609

IP No : IP2024001439

Patient name : Mr.BISWAJIT DEY

Age : 40 Y 4 M 13 D/Male

Consultant Name : Dr.T.PALANIAPPAN

Bill No : MMH/MH/IP202401429

Bill Date : 03/07/2024

DOA : 27/6/2024 1:02PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DIET CHARGES	₹ 3,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 14,050.00
7	NURSING CHARGE	₹ 4,000.00
8	OPERATION THEATRE CHARGES	₹ 4,750.00
9	PHARMACY CHARGE	₹ 29,873.00
10	PROFESSIONAL TEAM FEES	₹ 17,500.00
11	RADIOLOGY	₹ 14,000.00
Gross Amount		₹ 96,973.00
Net Payable		₹ 96,973.00
Advance Amount		₹ 96,973.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Six Thousand Nine Hundred Seventy-Three Only

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/29/2024	MMH/MH/RECH202402413	CARD	Advance Amount	30,000.00
2	6/29/2024	MMH/MH/RECH202402425	CARD	Advance Amount	10,000.00
3	7/2/2024	MMH/MH/RECH202402471	UPI	Advance Amount	50,000.00
4	7/3/2024	MMH/MH/RECH202402481	CASH	Advance Amount	6,973.00