

IN PATIENT SUMMARY BILL

UHID : MMH202479765

IP No : IP2024001687

Patient name : Mr.SUSHANTA BISWAS

Age : 56 Y 4 M 22 D/Male

Bill No : MMH/MH/IP202401625

Bill Date : 29/07/2024

DOA : 28/7/2024 10:02AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	GENERAL PROCEDURE	₹ 2,500.00
5	LABORATORY	₹ 987.00
6	NURSING CHARGE	₹ 800.00
7	PHARMACY CHARGE	₹ 5,808.00
8	PROFESSIONAL TEAM FEES	₹ 10,000.00
Gross Amount		₹ 22,295.00
Net Payable		₹ 22,295.00
Advance Amount		₹ 22,295.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Two Thousand Two Hundred Ninety-Five Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/29/2024	MMH/MH/RECH202402880	CASH	Advance Amount	15,295.00
2	7/29/2024	MMH/MH/RECH202402881	UPI	Advance Amount	7,000.00