

IN PATIENT SUMMARY BILL

UHID : MMH202480498

IP No : IP2024001799

Patient name : Mr.GOLAKA BIHARI ROUT

Age : 64 Y 7 M 12 D/Male

Consultant Name : Dr.SHIVA KUMAR D

Bill No : MMH/MH/IP202401736

Bill Date : 13/08/2024

DOA : 12/8/2024 4:15PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 126.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 5,350.00
8	PROFESSIONAL TEAM FEES	₹ 15,000.00
9	RADIOLOGY	₹ 400.00
Gross Amount		₹ 24,876.00
Net Payable		₹ 24,876.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 5,124.00

Received Amount in Words : Thirty Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/12/2024	MMH/MH/RECH202403103	CARD	Advance Amount	10,000.00
2	8/12/2024	MMH/MH/RECH202403105	CARD	Advance Amount	20,000.00