IN PATIENT SUMMARY BILL

UHID : MMH202480921 Bill No : MMH/MH/IP202401863

IP No : IP2024001921 Bill Date : 29/08/2024

Patient name : Mr.JOYLAL MAHATO DOA : 28/8/2024 8:59PM

Age : 57 Y 0 M 1 D/Male DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.VISHNUBABU.G

S.No	Description			Amount
1	ADMINISTRATION CHARGES		₹	350.00
2	BED CHARGES		₹	1,100.00
3	DUTY MEDICAL OFFICER CHARGE		₹	750.00
4	EQUIPMENT		₹	1,500.00
5	LABORATORY		₹	2,804.00
6	NURSING CHARGE		₹	800.00
7	OPERATION THEATRE CHARGES		₹	5,000.00
8	PHARMACY CHARGE		₹	5,043.00
9	PROFESSIONAL TEAM FEES		₹	17,653.00
		Gross Amount	₹	35,000.00

 Gross Amount
 ₹
 35,000.00

 Net Payable
 ₹
 35,000.00

 Received Amount
 ₹
 35,000.00

Received Amount in Words : Thirty-Five Thousand Only SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/29/2024	MMH/MH/REDH202418944	CARD	Collected Amount	10,000.00
2	8/29/2024	MMH/MH/REDH202418945	CASH	Collected Amount	25,000.00