

IN PATIENT SUMMARY BILL

UHID : MMH202480921

IP No : IP2024001945

Patient name : Mr.JOYLAL MAHATO

Age : 57 Y 0 M 6 D/Male

Consultant Name : Dr.VISHNUBABU.G

Bill No : MMH/MH/IP202401893

Bill Date : 03/09/2024

DOA : 1/9/2024 8:00AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 630.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,000.00
7	PHARMACY CHARGE	₹ 7,085.00
8	PROFESSIONAL TEAM FEES	₹ 14,285.00
Gross Amount		₹ 30,000.00
Net Payable		₹ 30,000.00
Advance Amount		₹ 17,360.00
Received Amount		₹ 12,640.00

Received Amount in Words : Thirty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/2/2024	MMH/MH/RECH202403393	CARD	Advance Amount	17,360.00
2	9/3/2024	MMH/MH/REDH202419284	CASH	Collected Amount	12,640.00