

IN PATIENT SUMMARY BILL

UHID : MMH202480979

IP No : IP2024001989

Patient name : Mr.AJAY ROY

Age : 49 Y 8 M 7 D/Male

Consultant Name : Dr.VIGNESH .M

Bill No : MMH/MH/IP202401926

Bill Date : 08/09/2024

DOA : 6/9/2024 1:07PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	INJECTION CHARGES	₹ 400.00
6	LABORATORY	₹ 1,701.00
7	NURSING CHARGE	₹ 1,600.00
8	OPERATION THEATRE CHARGES	₹ 3,750.00
9	PHARMACY CHARGE	₹ 5,690.00
10	PROFESSIONAL TEAM FEES	₹ 26,809.00
Gross Amount		₹ 45,000.00
Net Payable		₹ 45,000.00
Advance Amount		₹ 29,000.00
Received Amount		₹ 16,000.00

Received Amount in Words : Forty-Five Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/7/2024	MMH/MH/RECH202403465	UPI	Advance Amount	19,000.00
2	9/8/2024	MMH/MH/RECH202403477	UPI	Advance Amount	10,000.00
3	9/8/2024	MMH/MH/REDH202419667	CASH	Collected Amount	16,000.00