

IN PATIENT SUMMARY BILL

UHID : MMH202481031

IP No : IP2024001966

Patient name : Ms.JYOTISHMITA DAS

Age : 14 Y 1 M 9 D/Female

Consultant Name : Dr.SUBRAMANIYAM

Bill No : MMH/MH/IP202401900

Bill Date : 04/09/2024

DOA : 3/9/2024 12:16PM

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	GENERAL PROCEEDURE	₹ 4,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 126.00
7	NURSING CHARGE	₹ 800.00
8	OPERATION THEATRE CHARGES	₹ 4,750.00
9	PHARMACY CHARGE	₹ 8,002.00
10	PROFESSIONAL TEAM FEES	₹ 18,922.00
Gross Amount		₹ 39,000.00
Net Payable		₹ 39,000.00
Received Amount		₹ 39,000.00

Received Amount in Words : Thirty-Nine Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/REDH202419396	UPI	Collected Amount	4,100.00
2	9/4/2024	MMH/MH/REDH202419395	CARD	Collected Amount	11,000.00
3	9/4/2024	MMH/MH/REDH202419397	CASH	Collected Amount	23,900.00