

IN PATIENT SUMMARY BILL

UHID : MMH202481315

IP No : IP2024002005

Patient name : Mr.RANJIT DAS

Age : 53 Y 7 M 30 D/Male

Consultant Name : Dr.VISHNUBABU.G

Bill No : MMH/MH/IP202401942

Bill Date : 11/09/2024

DOA : 10/9/2024 10:18AM

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	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 1,071.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 4,100.00
8	PHARMACY CHARGE	₹ 8,272.00
9	PROFESSIONAL TEAM FEES	₹ 18,357.00
Gross Amount		₹ 35,000.00
Net Payable		₹ 35,000.00
Advance Amount		₹ 26,500.00
Received Amount		₹ 8,500.00

Received Amount in Words : Thirty-Five Thousand Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/11/2024	MMH/MH/RECH202403527	UPI	Advance Amount	20,000.00
2	9/11/2024	MMH/MH/REDH202419967	UPI	Collected Amount	8,500.00
3	9/10/2024	MMH/MH/RECH202403513	CARD	Advance Amount	1,500.00
4	9/11/2024	MMH/MH/RECH202403526	CARD	Advance Amount	5,000.00