

IN PATIENT SUMMARY BILL

UHID : MMH202481932

IP No : IP2024002205

Patient name : Mrs.CHAMELI DAS

Age : 40 Y 7 M 28 D/Female

Consultant Name : Dr.AJAY NARASIMHAN

Bill No : MMH/MH/IP202402134

Bill Date : 04/10/2024

DOA : 3/10/2024 11:07PM

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	NURSING CHARGE	₹ 800.00
Gross Amount		₹ 3,000.00
Net Payable		₹ 3,000.00
Advance Amount		₹ 3,000.00
Received Amount		₹ 0.00

Received Amount in Words : Three Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MH/RECH202403894	UPI	Advance Amount	3,000.00