

IN PATIENT SUMMARY BILL

UHID : MMH202482210

IP No : IP2024002224

Patient name : Mr.AMAL GHOSH

Age : 49 Y 5 M 24 D/Male

Consultant Name : Dr.ARUNKUMAR.I

Bill No : MMH/MH/IP202402161

Bill Date : 08/10/2024

DOA : 7/10/2024 9:02AM

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	₹ 2,646.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 10,850.00
7	PHARMACY CHARGE	₹ 28,958.00
8	PHYSIOTHERAPY	₹ 500.00
9	PROFESSIONAL TEAM FEES	₹ 33,626.00
10	RADIOLOGY	₹ 420.00
Gross Amount		₹ 80,000.00
Net Payable		₹ 80,000.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 40,000.00

Received Amount in Words : Eighty Thousand Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/7/2024	MMH/MH/RECH202403945	UPI	Advance Amount	40,000.00
2	10/8/2024	MMH/MH/REDH202422144	CARD	Collected Amount	40,000.00