

IN PATIENT SUMMARY BILL

UHID : MMH202482211

IP No : IP2024002211

Patient name : Mr.CHIRANJIT GHOSH

Age : 31 Y 7 M 22 D/Male

Consultant Name : Dr.AYYAPPAN.M.K

Bill No : MMH/MH/IP202402135

Bill Date : 05/10/2024

DOA : 4/10/2024 1:25PM

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	₹ 126.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 7,000.00
7	PHARMACY CHARGE	₹ 29,584.00
8	PROFESSIONAL TEAM FEES	₹ 27,790.00
Gross Amount		₹ 67,500.00
Net Payable		₹ 67,500.00
Received Amount		₹ 67,500.00

Received Amount in Words : Sixty-Seven Thousand Five Hundred Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/5/2024	MMH/MH/REDH202421905	UPI	Collected Amount	67,500.00