

IN PATIENT SUMMARY BILL

UHID : MH28524

IP No : IP2024001694

Patient name : Mrs.MARAGADHA VALLI

Age : 35 Y 0 M 27 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202401637

Bill Date : 30/07/2024

DOA : 29/7/2024 8:09AM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 6,300.00 |
| 3 | DIET CHARGES | ₹ 1,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,125.00 |
| 5 | GENERAL PROCEDURE | ₹ 500.00 |
| 6 | NURSING CHARGE | ₹ 1,200.00 |
| 7 | OPERATION THEATRE CHARGES | ₹ 7,350.00 |
| 8 | PHYSIOTHERAPY | ₹ 600.00 |
| 9 | PROFESSIONAL TEAM FEES | ₹ 57,000.00 |
| 10 | RADIOLOGY | ₹ 720.00 |
| Gross Amount | | ₹ 76,145.00 |
| Net Payable | | ₹ 76,145.00 |
| Advance Amount | | ₹ 3,000.00 |
| Received Amount | | ₹ 73,145.00 |

Remarks : IC1e33b4ebc21124e8d911879dffbbdd6ae

Received Amount in Words : Seventy-Six Thousand One Hundred Forty-Five Only

SATHISH KUMAR.S

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/29/2024 | MMH/MH/RECH202402879 | CASH | Advance Amount | 3,000.00 |
| 2 | 7/30/2024 | MMH/MH/REDH202416623 | UPI | Collected Amount | 73,145.00 |