

IN PATIENT SUMMARY BILL

UHID : MH50452

IP No : IP2024001002

Patient name : Ms.AYSHA

Age : 71/Female

Bill No : MMH/MH/IP202400978

Bill Date : 06/05/2024

DOA : 1/5/2024 8:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 24,750.00
3	BLOOD COMPONENTS	₹ 5,100.00
4	DIET CHARGES	₹ 3,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	GENERAL PROCEDURE	₹ 950.00
7	LABORATORY	₹ 672.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 14,050.00
10	PHARMACY CHARGE	₹ 105,906.00
11	PHYSIOTHERAPY	₹ 2,400.00
12	PROFESSIONAL FEES	₹ 10,000.00
13	PROFESSIONAL TEAM FEES	₹ 24,172.00
14	RADIOLOGY	₹ 900.00
Gross Amount		₹ 200,000.00
Net Payable		₹ 200,000.00
Advance Amount		₹ 200,000.00
Received Amount		₹ 0.00

Received Amount in Words : Two Lakh Zero Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/05/2024	MMH/MH/RECH2024015	CARD	Advance Amount	200,000.00