

IN PATIENT SUMMARY BILL

UHID : MH55454

IP No : IP2024001187

Patient name : Mr.SHAILESH

Age : 17 Y 4 M 7 D/Male

Bill No : MMH/MH/IP202401153

Bill Date : 29/05/2024

DOA : 27/5/2024 6:47AM

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	₹ 4,125.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 5,000.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 132.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 10,268.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 24,000.00
Gross Amount		₹ 47,000.00
Net Payable		₹ 47,000.00
Advance Amount		₹ 47,000.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Seven Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	30,000.00
2	28/05/2024	MMH/MH/RECH2024019	CASH	Advance Amount	17,000.00