

IN PATIENT SUMMARY BILL

UHID : MH56522

IP No : IP2024001555

Patient name : Mrs.MOHAMED RAFFI UMMU HAMSIYA

Age : 62 Y 0 M 3 D/Female

Consultant Name : Dr.ARUN KUMAR.I

Bill No : MMH/MH/IP202401494

Bill Date : 13/07/2024

DOA : 11/7/2024 11:12AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	LABORATORY	₹ 5,670.00
6	NURSING CHARGE	₹ 2,400.00
7	OPERATION THEATRE CHARGES	₹ 12,000.00
8	PHYSIOTHERAPY	₹ 1,800.00
9	PROFESSIONAL TEAM FEES	₹ 26,000.00
Gross Amount		₹ 54,770.00
Net Payable		₹ 54,770.00
Advance Amount		₹ 22,000.00
Received Amount		₹ 32,770.00

Received Amount in Words : Fifty-Four Thousand Seven Hundred Seventy Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/11/2024	MMH/MH/RECH202402586	CASH	Advance Amount	2,000.00
2	7/12/2024	MMH/MH/RECH202402627	CASH	Advance Amount	20,000.00
3	7/13/2024	MMH/MH/REDH202415280	UPI	Collected Amount	30,000.00
4	7/13/2024	MMH/MH/REDH202415281	CASH	Collected Amount	2,770.00