

IN PATIENT SUMMARY BILL

UHID : MH56850

IP No : IP2024002168

Patient name : Ms.LALITHA D

Age : 65/Female

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202402129

Bill Date : 04/10/2024

DOA : 28/9/2024 2:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,375.00
4	LABORATORY	₹ 462.00
5	NURSING CHARGE	₹ 3,600.00
6	OPERATION THEATRE CHARGES	₹ 12,000.00
7	PHYSIOTHERAPY	₹ 600.00
8	PROCEDURE CHARGES	₹ 1,000.00
9	PROFESSIONAL TEAM FEES	₹ 32,000.00
10	RADIOLOGY	₹ 578.00

Gross Amount₹ 58,915.00

Net Payable₹ 58,915.00

Advance Amount₹ 50,000.00

Received Amount₹ 8,915.00

Received Amount in Words : Fifty-Eight Thousand Nine Hundred Fifteen Only

SATHISH KUMAR.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/4/2024	MMH/MH/REDH202421815	CHEQUE	Collected Amount	1,134.00
2	9/28/2024	MMH/MH/RECH202403801	CARD	Advance Amount	20,000.00
3	9/29/2024	MMH/MH/RECH202403826	CARD	Advance Amount	30,000.00
4	10/4/2024	MMH/MH/REDH202421816	CARD	Collected Amount	2,038.00
5	10/4/2024	MMH/MH/REDH202421817	CASH	Collected Amount	5,743.00