

IN PATIENT SUMMARY BILL

UHID : MH58642

IP No : IP2024002203

Patient name : Mrs.SUSILA JEYARAMAN

Age : 74 Y 5 M 28 D/Female

Bill No : MMH/MH/IP202402169

Bill Date : 09/10/2024

DOA : 3/10/2024 5:16PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 25,200.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 1,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,500.00
6	LABORATORY	₹ 529.00
7	NURSING CHARGE	₹ 4,800.00
8	OPERATION THEATRE CHARGES	₹ 14,470.00
9	PHARMACY CHARGE	₹ 121,301.00
10	PHYSIOTHERAPY	₹ 2,400.00
11	PROCEDURE CHARGES	₹ 2,500.00
12	PROFESSIONAL TEAM FEES	₹ 38,500.00
13	RADIOLOGY	₹ 900.00
Gross Amount		₹ 220,000.00
Net Payable		₹ 220,000.00
Advance Amount		₹ 180,000.00
Received Amount		₹ 40,000.00

Received Amount in Words : Two Lakh Twenty Thousand Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/3/2024	MMH/MH/RECH202403885	CARD	Advance Amount	10,000.00
2	10/9/2024	MMH/MH/RECH202403970	CARD	Advance Amount	110,000.00
3	10/9/2024	MMH/MH/REDH202422234	CARD	Collected Amount	40,000.00
4	10/9/2024	MMH/MH/RECH202403971	CASH	Advance Amount	60,000.00