

IN PATIENT SUMMARY BILL

UHID : MMH202370865

IP No : IP2024001069

Patient name : Mrs.RAJESHWARI

Age : 48 Y 3 M 8 D/Female

Bill No : MMH/MH/IP202401021

Bill Date : 12/05/2024

DOA : 9/5/2024 6:45PM

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	₹ 12,375.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEDURE	₹ 450.00
7	LABORATORY	₹ 144.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 8,039.00
10	PHARMACY CHARGE	₹ 15,167.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROFESSIONAL TEAM FEES	₹ 79,000.00
Gross Amount		₹ 126,500.00
Net Payable		₹ 126,500.00
Received Amount		₹ 126,500.00

Received Amount in Words : One Lakh Twenty-Six Thousand Five Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	12/05/2024	MMH/MH/REDH2024100	CASH	Collected Amount	100,000.00
2	12/05/2024	MMH/MH/REDH2024100	CARD	Collected Amount	26,500.00