

IN PATIENT SUMMARY BILL

UHID : MMH202371606
IP No : IP2023002646
Patient name : Mr.SRINIVASAN REDDY
Age : 50 Y 11 M 7 D/Male

Bill No : MMH/MH/IP00094
Bill Date : 08/12/2023
DOA : 4/12/2023 12:43PM
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	₹ 4,400.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	LABORATORY	₹ 5,950.00
5	NURSING CHARGE	₹ 2,250.00
6	OPERATION THEATRE CHARGES	₹ 12,150.00
7	PHYSIOTHERAPY	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 32,000.00
9	RADIOLOGY	₹ 600.00
10	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 63,500.00
Net Payable		₹ 63,500.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 43,500.00

Received Amount in Words : Sixty-Three Thousand Five Hundred Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-04 12:46:00.376	MMH/MH/RECH00184	CARD	Advance Amount	20,000.00
2	2023-12-08 15:31:25.773	MMH/MH/REDH01110	CHEQUE	Collected Amount	7,030.00
3	2023-12-08 15:31:25.776	MMH/MH/REDH01111	CARD	Collected Amount	36,470.00