

### IN PATIENT SUMMARY BILL

UHID : MMH202371617  
IP No : IP2023002652  
Patient name : Mrs.JOICE KAMALA J  
Age : 73 Y 6 M 20 D/Female

Bill No : MMH/MH/IP00130  
Bill Date : 13/12/2023  
DOA : 5/12/2023 3:35PM  
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	₹ 39,600.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 5,600.00
4	GENERAL PROCEDURE	₹ 1,400.00
5	LABORATORY	₹ 13,512.00
6	NURSING CHARGE	₹ 6,000.00
7	OPERATION THEATRE CHARGES	₹ 35,350.00
8	PHYSIOTHERAPY	₹ 3,600.00
9	PROFESSIONAL TEAM FEES	₹ 106,000.00
10	RADIOLOGY	₹ 4,370.00
11	TRANSPORT	₹ 1,000.00

**Gross Amount** ₹ **216,782.00**

**Net Payable** ₹ **216,782.00**

**Advance Amount** ₹ **216,782.00**

**Received Amount** ₹ **0.00**

**Received Amount in Words** : Two Lakh Sixteen Thousand Seven Hundred  
Eighty-Two Only

DINESH  
**Authorised Signature**

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 15:45:00.510	MMH/MH/RECH00190	CASH	Advance Amount	20,000.00
2	2023-12-06 15:45:08.390	MMH/MH/RECH00204	CASH	Advance Amount	50,000.00
3	2023-12-13 15:11:47.270	MMH/MH/RECH00312	CARD	Advance Amount	120,000.00
4	2023-12-13 15:11:47.270	MMH/MH/RECH00313	CASH	Advance Amount	26,782.00