

IN PATIENT SUMMARY BILL

UHID : MMH202372195
IP No : IP2023002751
Patient name : Mrs.SORNAM N
Age : 72 Y 0 M 8 D/Female

Bill No : MMH/MH/IP00224
Bill Date : 26/12/2023
DOA : 18/12/2023 8:02PM
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	₹ 13,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 4,900.00
4	EQUIPMENT	₹ 12,000.00
5	GENERAL PROCEDURE	₹ 450.00
6	INJECTION CHARGES	₹ 200.00
7	INVESTIGATIONS	₹ 2,000.00
8	LABORATORY	₹ 276.00
9	NURSING CHARGE	₹ 5,250.00
10	OPERATION THEATRE CHARGES	₹ 14,350.00
11	PHYSIOTHERAPY	₹ 2,100.00
12	PROFESSIONAL TEAM FEES	₹ 30,500.00
13	RADIOLOGY	₹ 4,420.00
Gross Amount		₹ 89,996.00
Net Payable		₹ 89,996.00
Advance Amount		₹ 61,996.00
Received Amount		₹ 28,000.00

Received Amount in Words : Eighty-Nine Thousand Nine Hundred
Ninety-Six Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00383	CARD	Advance Amount	5,100.00
2	18/12/2023	MMH/MH/RECH00384	CASH	Advance Amount	4,900.00
3	19/12/2023	MMH/MH/RECH00399	AFFORDPLAN	Advance Amount	20,000.00
4	22/12/2023	MMH/MH/RECH00450	AFFORDPLAN	Advance Amount	20,000.00
5	25/12/2023	MMH/MH/RECH00475	CHEQUE	Advance Amount	3,284.00
6	25/12/2023	MMH/MH/RECH00477	CASH	Advance Amount	8,712.00
7	26/12/2023	MMH/MH/REDH02432	CASH	Collected Amount	28,000.00