

IN PATIENT SUMMARY BILL

UHID : MMH202372207
IP No : IP2023002754
Patient name : Mrs.DAWOOD BEEVI
Age : 90 Y 0 M 1 D/Female

Bill No : MMH/MH/IP00177
Bill Date : 19/12/2023
DOA : 19/12/2023 12:09AM
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	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 7,518.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL FEES	₹ 2,000.00
7	RADIOLOGY	₹ 1,000.00
8	TRANSPORT	₹ 2,000.00
9	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 20,168.00
Net Payable		₹ 20,168.00
Advance Amount		₹ 20,168.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty Thousand One Hundred Sixty-Eight
Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/MH/RECH00387	CARD	Advance Amount	10,000.00
2	19/12/2023	MMH/MH/RECH00400	CARD	Advance Amount	10,168.00