

IN PATIENT SUMMARY BILL

UHID : MMH202372380
IP No : IP2023002787
Patient name : Ms.VENNILA.S
Age : 15 Y 5 M 25 D/Female

Bill No : MMH/MH/IP00225
Bill Date : 26/12/2023
DOA : 23/12/2023 8:37AM
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 | ₹ 3,300.00 |
| 3 | BLOOD COMPONENTS | ₹ 2,050.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 2,100.00 |
| 5 | GENERAL PROCEDURE | ₹ 950.00 |
| 6 | INJECTION CHARGES | ₹ 200.00 |
| 7 | LABORATORY | ₹ 6,385.00 |
| 8 | NURSING CHARGE | ₹ 2,250.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 13,350.00 |
| 10 | PHYSIOTHERAPY | ₹ 1,200.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 20,000.00 |
| 12 | RADIOLOGY | ₹ 925.00 |
| Gross Amount | | ₹ 53,060.00 |
| Net Payable | | ₹ 53,060.00 |
| Advance Amount | | ₹ 25,000.00 |
| Received Amount | | ₹ 28,060.00 |

Received Amount in Words :

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|------------------|--------------|------------------|-----------------|
| 1 | 23/12/2023 | MMH/MH/RECH00454 | CARD | Advance Amount | 25,000.00 |
| 2 | 26/12/2023 | MMH/MH/REDH02433 | UPI | Collected Amount | 28,060.00 |