

IN PATIENT SUMMARY BILL

UHID : MMH202400036

IP No : IP2024000023

Patient name : Mrs.JAYASHREE R

Age : 59 Y 7 M 11 D/Female

Bill No : MMH/MH/IP202400030

Bill Date : 05/01/2024

DOA : 4/1/2024 8:23AM

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	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 576.00
5	NURSING CHARGE	₹ 750.00
6	OPERATION THEATRE CHARGES	₹ 17,350.00
7	PROFESSIONAL TEAM FEES	₹ 67,000.00
8	RADIOLOGY	₹ 720.00
Gross Amount		₹ 92,396.00
Net Payable		₹ 92,396.00
Advance Amount		₹ 92,396.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-Two Thousand Three Hundred Ninety-Six Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	04/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	30,000.00
2	05/01/2024	MMH/MH/RECH2024000	CARD	Advance Amount	62,396.00