

IN PATIENT SUMMARY BILL

UHID : MMH202400042

IP No : IP2024000034

Patient name : Mr.NEELAKANDAN C

Age : 28 Y 8 M 14 D/Male

Bill No : MMH/MH/IP202400042

Bill Date : 06/01/2024

DOA : 5/1/2024 12:15AM

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	₹ 5,500.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 5,000.00
6	GENERAL PROCEDURE	₹ 900.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 132.00
9	NURSING CHARGE	₹ 1,500.00
10	OPERATION THEATRE CHARGES	₹ 12,500.00
11	PHYSIOTHERAPY	₹ 600.00
12	PROFESSIONAL TEAM FEES	₹ 93,000.00
Gross Amount		₹ 121,582.00
Net Payable		₹ 121,582.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 91,582.00

Received Amount in Words : One Lakh Twenty-One Thousand Five Hundred Eighty-Two Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240004	CARD	Advance Amount	30,000.00
2	06/01/2024	MMH/MH/REDH2024004	CARD	Collected Amount	70,000.00
3	06/01/2024	MMH/MH/REDH2024004	CASH	Collected Amount	21,582.00