

IN PATIENT SUMMARY BILL

UHID : MMH202400044

IP No : IP2024000049

Patient name : Mr.SYED FAKHIR MOHIDEEN

Age : 54 Y 0 M 6 D/Male

Bill No : MMH/MH/IP202400046

Bill Date : 08/01/2024

DOA : 6/1/2024 9:13AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARUNKUMAR.I

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 8,400.00
3	DIET CHARGES	₹ 200.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	EQUIPMENT	₹ 7,000.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 1,008.00
8	NURSING CHARGE	₹ 1,500.00
9	OPERATION THEATRE CHARGES	₹ 18,700.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 50,000.00
12	RADIOLOGY	₹ 500.00
Gross Amount		₹ 90,458.00
Net Payable		₹ 90,458.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 50,458.00

Received Amount in Words : Ninety Thousand Four Hundred Fifty-Eight Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	06/01/2024	MMH/MH/RECH2024000'	CARD	Advance Amount	10,000.00
2	06/01/2024	MMH/MH/RECH2024000'	CARD	Advance Amount	30,000.00
3	08/01/2024	MMH/MH/REDH2024005.	CARD	Collected Amount	50,458.00