

IN PATIENT SUMMARY BILL

UHID : MMH202472737

IP No : IP2024000036

Patient name : Mrs.AINUL BAJAVIAH

Age : 45 Y 0 M 2 D/Female

Bill No : MMH/MH/IP202400040

Bill Date : 06/01/2024

DOA : 5/1/2024 8:09AM

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	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,050.00
4	EQUIPMENT	₹ 10,000.00
5	GENERAL PROCEDURE	₹ 450.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 1,125.00
8	OPERATION THEATRE CHARGES	₹ 18,000.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 110,856.00
Gross Amount		₹ 150,000.00
Net Payable		₹ 150,000.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 100,000.00

Received Amount in Words : One Lakh Fifty Thousand Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	05/01/2024	MMH/MH/RECH20240001	CARD	Advance Amount	20,000.00
2	05/01/2024	MMH/MH/RECH20240001	AFFORDPLAN	Advance Amount	30,000.00
3	06/01/2024	MMH/MH/REDH20240041	CASH	Collected Amount	25,000.00
4	06/01/2024	MMH/MH/REDH20240041	CARD	Collected Amount	75,000.00