

IN PATIENT SUMMARY BILL

UHID : MMH202472784

IP No : IP2024000067

Patient name : Mr.VINOTH D

Age : 37 Y 5 M 11 D/Male

Bill No : MMH/MH/IP2024000079

Bill Date : 10/01/2024

DOA : 8/1/2024 9:08PM

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	₹ 2,200.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 120.00
7	NURSING CHARGE	₹ 1,500.00
8	OPERATION THEATRE CHARGES	₹ 14,700.00
9	PROFESSIONAL TEAM FEES	₹ 26,500.00
10	RADIOLOGY	₹ 630.00
Gross Amount		₹ 48,100.00
Net Payable		₹ 48,100.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 8,100.00

Received Amount in Words : Forty-Eight Thousand One Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	08/01/2024	MMH/MH/RECH2024001	CARD	Advance Amount	40,000.00
2	10/01/2024	MMH/MH/REDH2024007	CARD	Collected Amount	8,100.00