Out Patient Bill

Patient Name	: **Ms.ABINAYA.R**	**Bill No**	: MMH/MH/IP202401441
Patient Id	: **MMH202473088**	**Bill Date**	: 04/07/2024 3:58:18PM
Age/Gender	: 23 Y 1 M 4 D/Female	**Visit Report Id**	: MMH202473088-IP001
Phone Number	: 8971129197	**Payment Mode**	:
Doctor Name	: Dr.BASHEER AHMED ORTHO	**Entity Name**	: CASH
Entity Type	: CASH		

S.No	Description	Qty	Unit Rate	Discount	Amount
1	ADMINISTRATION CHARGES	1.00	₹350.00	₹0.00	₹350.00
2	CBG. (CAPILLARY BLOOD GLUCOSE)	1.00	₹144.00	₹0.00	₹144.00
3	FENTANYL	1.00	₹200.00	₹0.00	₹200.00
4	STRYKER DRILL	1.00	₹3,000.00	₹0.00	₹3,000.00
5	ECG (ELECTROCARDIOGRAM) (IP)	1.00	₹400.00	₹0.00	₹400.00
6	DIET CHARGES	3.00	₹500.00	₹0.00	₹1,500.00
7	OT 2 CHARGES	1.50	₹7,000.00	₹0.00	₹10,500.00
8	SEVOFLOURANE	1.00	₹2,500.00	₹0.00	₹2,500.00
9	FOREARM AP / LAT VIEW (LEFT)	1.00	₹720.00	₹0.00	₹720.00
10	PROFESSIONAL FEES(Dr.VIJAYAKRISHNAN B)	1.00	₹15,000.00	₹0.00	₹15,000.00
11	DRESSING CHARGES	1.00	₹500.00	₹0.00	₹500.00
12	DMO CHARGE - SINGLE ROOM	3.00 days	₹750.00	₹0.00	₹2,250.00
13	PROFESSIONAL FEES(Dr.BASHEER AHMED ORTHO)	1.00	₹30,000.00	₹0.00	₹30,000.00
14	BED CHARGES - SINGLE ROOM	3.00 days	₹4,200.00	₹0.00	₹12,600.00
15	NURSING CHARGE - SINGLE ROOM	3.00 days	₹800.00	₹0.00	₹2,400.00
16	PROFESSIONAL FEES(Dr.RAMNATH)	1.00	₹12,000.00	₹0.00	₹12,000.00

Total Amount	:	**₹94,064.00**
Net Amount	:	**₹ 94,064.00**
Amount Received	:	**₹ 0.00**

Received Amount In Words : **Ninety-Four Thousand Sixty-Four Only**

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Transaction No	Received Amount
1					