

IN PATIENT SUMMARY BILL

UHID : MMH202473163

IP No : IP2024000180

Patient name : Mrs.SAVITHIRI

Age : 61 Y 7 M 13 D/Female

Bill No : MMH/MH/IP202400195

Bill Date : 28/01/2024

DOA : 24/1/2024 5:16PM

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	₹ 11,000.00
3	DIET CHARGES	₹ 700.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	NURSING CHARGE	₹ 3,000.00
8	OPERATION THEATRE CHARGES	₹ 33,100.00
9	PHYSIOTHERAPY	₹ 1,800.00
10	PROFESSIONAL TEAM FEES	₹ 53,000.00
11	ULTRASOUND	₹ 2,000.00
Gross Amount		₹ 108,900.00
Net Payable		₹ 108,900.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 78,900.00

Received Amount in Words : One Lakh Eight Thousand Nine Hundred Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	24/01/2024	MMH/MH/RECH20240020	CARD	Advance Amount	30,000.00
2	28/01/2024	MMH/MH/REDH20240200	CASH	Collected Amount	78,900.00