

IN PATIENT SUMMARY BILL

UHID : MMH202473179

IP No : IP2024000160

Patient name : Mrs.KURAI SIYA BEEVEE A

Age : 80 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202400179

Bill Date : 26/01/2024

DOA : 22/1/2024 2:43PM

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	₹ 4,400.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 1,400.00
7	LABORATORY	₹ 720.00
8	NURSING CHARGE	₹ 3,200.00
9	OPERATION THEATRE CHARGES	₹ 11,400.00
10	PHYSIOTHERAPY	₹ 1,800.00
11	PROFESSIONAL FEES	₹ 10,600.00
12	PROFESSIONAL TEAM FEES	₹ 9,000.00
13	RADIOLOGY	₹ 630.00
14	TRANSPORT	₹ 2,500.00
Gross Amount		₹ 50,000.00
Net Payable		₹ 50,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 20,000.00

Received Amount in Words : Fifty Thousand Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	22/01/2024	MMH/MH/RECH2024002	CASH	Advance Amount	30,000.00
2	26/01/2024	MMH/MH/REDH2024018	CARD	Collected Amount	20,000.00