

IN PATIENT SUMMARY BILL

UHID : MMH202473648

IP No : IP2024000308

Patient name : Mr.KAJA MAIDEEN

Age : 57 Y 0 M 1 D/Male

Bill No : MMH/MH/IP202400290

Bill Date : 08/02/2024

DOA : 7/2/2024 11:08PM

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	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 847.00
5	NURSING CHARGE	₹ 800.00
6	PROFESSIONAL TEAM FEES	₹ 2,500.00
Gross Amount		₹ 7,997.00
Net Payable		₹ 7,997.00
Advance Amount		₹ 11,543.00
Received Amount		₹ 0.00
Refund Amount		₹ 3,546.00

Received Amount in Words : Eleven Thousand Five Hundred Forty-Three Only

DINESH  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	07/02/2024	MMH/MH/RECH20240040	CASH	Advance Amount	5,000.00
2	08/02/2024	MMH/MH/RECH20240040	CASH	Advance Amount	5,000.00
3	08/02/2024	MMH/MH/RECH20240040	CHEQUE	Advance Amount	1,543.00