

IN PATIENT SUMMARY BILL

UHID : MMH202473849

IP No : IP2024000363

Patient name : Mr.RAJENDRAN E

Age : 61 Y 9 M 5 D/Male

Bill No : MMH/MH/IP202400383

Bill Date : 20/02/2024

DOA : 15/2/2024 3:24PM

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	₹ 22,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 4,150.00
5	INJECTION CHARGES	₹ 940.00
6	LABORATORY	₹ 5,388.00
7	PHYSIOTHERAPY	₹ 1,800.00
8	PROFESSIONAL TEAM FEES	₹ 31,000.00
9	RADIOLOGY	₹ 21,000.00
Gross Amount		₹ 90,328.00
Net Payable		₹ 90,328.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 9,672.00

Received Amount in Words : One Lakh Zero Only

DINESH

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	15/02/2024	MMH/MH/RECH20240051	CARD	Advance Amount	50,000.00
2	17/02/2024	MMH/MH/RECH2024006	CARD	Advance Amount	50,000.00