

IN PATIENT SUMMARY BILL

UHID : MMH202474565

IP No : IP2024000550

Patient name : Mr.PRAKASH T

Age : 68 Y 0 M 3 D/Male

Bill No : MMH/MH/IP202400563

Bill Date : 14/03/2024

DOA : 11/3/2024 1:46PM

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	₹ 14,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	LABORATORY	₹ 2,760.00
5	NURSING CHARGE	₹ 2,400.00
6	OPERATION THEATRE CHARGES	₹ 34,850.00
7	PHYSIOTHERAPY	₹ 1,200.00
8	PROFESSIONAL TEAM FEES	₹ 124,000.00
9	RADIOLOGY	₹ 1,200.00
Gross Amount		₹ 183,860.00
Net Payable		₹ 183,860.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 153,860.00

Received Amount in Words : One Lakh Eighty-Three Thousand Eight Hundred Sixty Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	11/03/2024	MMH/MH/RECH2024008	CARD	Advance Amount	30,000.00
2	14/03/2024	MMH/MH/REDH2024056	CARD	Collected Amount	153,860.00