

IN PATIENT SUMMARY BILL

UHID : MMH202475336

IP No : IP2024000734

Patient name : Mrs.DATCHAYANI.C.N

Age : 86 Y 0 M 5 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202400704

Bill Date : 02/04/2024

DOA : 28/3/2024 9:50PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 13,750.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	EQUIPMENT	₹ 2,000.00
7	GENERAL PROCEDURE	₹ 450.00
8	LABORATORY	₹ 10,356.00
9	NURSING CHARGE	₹ 4,000.00
10	OPERATION THEATRE CHARGES	₹ 35,350.00
11	PHYSIOTHERAPY	₹ 1,200.00
12	PROFESSIONAL TEAM FEES	₹ 125,000.00
13	RADIOLOGY	₹ 3,375.00
Gross Amount		₹ 203,631.00
Net Payable		₹ 203,631.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 183,631.00

Received Amount in Words : Two Lakh Three Thousand Six Hundred Thirty-One Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/03/2024	MMH/MH/RECH2024011	CARD	Advance Amount	20,000.00
2	02/04/2024	MMH/MH/REDH2024069	CARD	Collected Amount	183,631.00