

IN PATIENT SUMMARY BILL

UHID : MMH202475413

IP No : IP2024000761

Patient name : Mrs.SENTHAMARAI E

Age : 75 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202400740

Bill Date : 05/04/2024

DOA : 1/4/2024 4:30PM

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	₹ 16,800.00
3	BLOOD COMPONENTS	₹ 2,550.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,128.00
9	NURSING CHARGE	₹ 3,200.00
10	OPERATION THEATRE CHARGES	₹ 40,050.00
11	PHYSIOTHERAPY	₹ 1,800.00
12	PROFESSIONAL TEAM FEES	₹ 151,000.00
13	RADIOLOGY	₹ 720.00
Gross Amount		₹ 224,248.00
Net Payable		₹ 224,248.00
Advance Amount		₹ 170,000.00
Received Amount		₹ 54,248.00

Received Amount in Words : Two Lakh Twenty-Four Thousand Two Hundred Forty-Eight Only

DINESH
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	01/04/2024	MMH/MH/RECH20240118	UPI	Advance Amount	20,000.00
2	04/04/2024	MMH/MH/RECH20240123	CARD	Advance Amount	150,000.00
3	05/04/2024	MMH/MH/REDH20240723	UPI	Collected Amount	54,248.00