

IN PATIENT SUMMARY BILL

UHID : MMH202475544

IP No : IP2024001954

Patient name : Mrs.THAHIRA M

Age : 51 Y 9 M 2 D/Female

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202401922

Bill Date : 07/09/2024

DOA : 2/9/2024 2:00PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 21,000.00
3	BLOOD COMPONENTS	₹ 3,050.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	GENERAL PROCEEDURE	₹ 1,500.00
7	LABORATORY	₹ 384.00
8	NURSING CHARGE	₹ 4,000.00
9	OPERATION THEATRE CHARGES	₹ 7,350.00
10	PHYSIOTHERAPY	₹ 2,400.00
11	PROFESSIONAL TEAM FEES	₹ 24,000.00
12	RADIOLOGY	₹ 720.00
Gross Amount		₹ 69,004.00
Net Payable		₹ 69,004.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 39,004.00

Remarks : DR BASHEER AHMED SIR FEES COLLECT DIRECTLY TO PATIENT.

Received Amount in Words : Sixty-Nine Thousand Four Only

KARTHICK
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/2/2024	MMH/MH/RECH202403391	CASH	Advance Amount	30,000.00
2	9/7/2024	MMH/MH/REDH202419642	CASH	Collected Amount	39,004.00