

IN PATIENT SUMMARY BILL

UHID : MMH202475614

IP No : IP2024000878

Patient name : Mr.SURYANARAYANAN M

Age : 77 Y 7 M 4 D/Male

Bill No : MMH/MH/IP202400850

Bill Date : 20/04/2024

DOA : 15/4/2024 1:22PM

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 | ₹ 24,750.00 |
| 3 | DIET CHARGES | ₹ 5,000.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,750.00 |
| 5 | GENERAL PROCEDURE | ₹ 950.00 |
| 6 | LABORATORY | ₹ 8,414.00 |
| 7 | NURSING CHARGE | ₹ 4,000.00 |
| 8 | OPERATION THEATRE CHARGES | ₹ 10,050.00 |
| 9 | PHYSIOTHERAPY | ₹ 2,400.00 |
| 10 | PROFESSIONAL TEAM FEES | ₹ 145,000.00 |
| 11 | RADIOLOGY | ₹ 1,120.00 |
| 12 | TRANSPORT | ₹ 3,000.00 |
| Gross Amount | | ₹ 208,784.00 |
| Net Payable | | ₹ 208,784.00 |
| Advance Amount | | ₹ 30,000.00 |
| Received Amount | | ₹ 178,784.00 |

Received Amount in Words : Two Lakh Eight Thousand Seven Hundred Eighty-Four Only

SRINIVASAN
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 15/04/2024 | MMH/MH/RECH20240138 | CARD | Advance Amount | 30,000.00 |
| 2 | 20/04/2024 | MMH/MH/REDH20240831 | CARD | Collected Amount | 178,784.00 |