IN PATIENT SUMMARY BILL

UHID : MMH202475618 Bill No : MMH/MH/IP202400816

IP No : IP2024000835 Bill Date : 13/04/2024

Patient name : Mrs.KHOKANARA BEGUM DOA : 9/4/2024 5:49PM

Age : 40 Y 11 M 3 D/Female DOD

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.ARAVIND. S.S

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	4,400.00
3	DIET CHARGES	₹	2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹	3,000.00
5	GENERAL PROCEDURE	₹	950.00
6	INJECTION CHARGES	₹	200.00
7	LABORATORY	₹	5,213.00
8	NURSING CHARGE	₹	3,200.00
9	OPERATION THEATRE CHARGES	₹	14,850.00
10	PHARMACY CHARGE	₹	51,878.90
11	PHYSIOTHERAPY	₹	1,000.00
12	PROFESSIONAL TEAM FEES	₹	70,803.10
13	RADIOLOGY	₹	3,155.00

 Gross Amount
 ₹
 161,000.00

 Net Payable
 ₹
 161,000.00

 Received Amount
 ₹
 161,000.00

Received Amount in Words : One Lakh Sixty-One Thousand Only SRINIVASAN

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/04/2024	MMH/MH/REDH2024079	CASH	Collected Amount	161,000.00