

IN PATIENT SUMMARY BILL

UHID : MMH202475888

IP No : IP2024000937

Patient name : Mr.ABDUL GHANI A R

Age : 30 Y 0 M 8 D/Male

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202400886

Bill Date : 25/04/2024

DOA : 23/4/2024 10:25PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|-------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 2,200.00 |
| 3 | DUTY MEDICAL OFFICER CHARGE | ₹ 1,500.00 |
| 4 | INJECTION CHARGES | ₹ 200.00 |
| 5 | NURSING CHARGE | ₹ 1,600.00 |
| 6 | OPERATION THEATRE CHARGES | ₹ 13,100.00 |
| 7 | PROFESSIONAL TEAM FEES | ₹ 16,000.00 |
| 8 | RADIOLOGY | ₹ 630.00 |
| Gross Amount | | ₹ 35,580.00 |
| Net Payable | | ₹ 35,580.00 |
| Advance Amount | | ₹ 20,000.00 |
| Received Amount | | ₹ 15,580.00 |

Received Amount in Words : Thirty-Five Thousand Five Hundred Eighty Only

KARTHIK C
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|---------------------|--------------|------------------|-----------------|
| 1 | 23/04/2024 | MMH/MH/RECH2024014' | CASH | Advance Amount | 20,000.00 |
| 2 | 25/04/2024 | MMH/MH/REDH2024086' | CASH | Collected Amount | 10,000.00 |
| 3 | 25/04/2024 | MMH/MH/REDH2024087' | CARD | Collected Amount | 5,580.00 |