

IN PATIENT SUMMARY BILL

UHID : MMH202475948

IP No : IP2024000904

Patient name : Mr.RAMZAN ALI.M.D

Age : 60 Y 4 M 12 D/Male

Consultant Name : Dr.ARAVIND. S.S

Bill No : MMH/MH/IP202400859

Bill Date : 22/04/2024

DOA : 18/4/2024 10:20PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,700.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,625.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 2,340.00
8	NURSING CHARGE	₹ 2,800.00
9	OPERATION THEATRE CHARGES	₹ 18,425.00
10	PHARMACY CHARGE	₹ 53,383.00
11	PHYSIOTHERAPY	₹ 500.00
12	PROFESSIONAL TEAM FEES	₹ 72,227.00
Gross Amount		₹ 170,000.00
Net Payable		₹ 170,000.00
Advance Amount		₹ 45,000.00
Received Amount		₹ 125,000.00

Received Amount in Words : One Lakh Seventy Thousand Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	21/04/2024	MMH/MH/RECH2024014	CARD	Advance Amount	45,000.00
2	22/04/2024	MMH/MH/REDH2024084	UPI	Collected Amount	100,000.00
3	22/04/2024	MMH/MH/REDH2024084	CASH	Collected Amount	25,000.00