IN PATIENT SUMMARY BILL

UHID	:	MMH202475948	Bill No	:	MMH/MH/IP202400859
IP No	:	IP2024000904	Bill Date	:	22/04/2024
Patient name	:	RAMZAN ALI.M.D	DOA	:	18/4/2024 10:20PM
Age	:	60 Y 4 M 12 D/Male	DOD	:	22/4/2024 8:43AM
			Entity Type	:	Self
			Entity Name	:	Self
Consultant Name	:	ARAVIND. S.S			

S.No	Description		Amount
1	ADMINISTRATION CHARGES	₹	350.00
2	BED CHARGES	₹	16,800.00
3	DIET CHARGES	₹	1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹	6,000.00
5	EQUIPMENT	₹	20,000.00
6	GENERAL PROCEDURE	₹	1,252.00
7	INJECTION CHARGES	₹	200.00
8	LABORATORY	₹	2,340.00
9	NURSING CHARGE	₹	8,000.00
10	OPERATION THEATRE CHARGES	₹	47,675.00
11	PHARMACY CHARGE	₹	53,383.00
12	PHYSIOTHERAPY	₹	500.00
13	PROFESSIONAL TEAM FEES	₹	92,000.00
	Gross Amount	₹	**250,000.00**
	Net Payable	₹	**250,000.00**
	Received Amount	₹	**0.00**
	Amount Payable	₹	**250,000.00**

KARTHIK C

Authorised Signature