

IN PATIENT SUMMARY BILL

UHID : MMH202476157

IP No : IP2024000957

Patient name : Mr.DHAJUDEEN A

Age : 47 Y 0 M 4 D/Male

Consultant Name : Dr.VIJAYAN.J

Bill No : MMH/MH/IP202400929

Bill Date : 29/04/2024

DOA : 26/4/2024 4:17PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 14,850.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	EQUIPMENT	₹ 1,000.00
6	GENERAL PROCEDURE	₹ 950.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 1,296.00
9	NURSING CHARGE	₹ 2,400.00
10	OPERATION THEATRE CHARGES	₹ 16,850.00
11	PROFESSIONAL TEAM FEES	₹ 48,500.00
Gross Amount		₹ 91,146.00
Net Payable		₹ 91,146.00
Advance Amount		₹ 91,146.00
Received Amount		₹ 0.00

Received Amount in Words : Ninety-One Thousand One Hundred Forty-Six Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	26/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	30,000.00
2	29/04/2024	MMH/MH/RECH2024015	CHEQUE	Advance Amount	3,196.00
3	29/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	57,950.00