

IN PATIENT SUMMARY BILL

UHID : MMH202476187

IP No : IP2024000950

Patient name : Mrs.ANNAL WILLIAM R

Age : 76 Y 11 M 19 D/Female

Bill No : MMH/MH/IP202400909

Bill Date : 27/04/2024

DOA : 25/4/2024 4:52PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
4	GENERAL PROCEDURE	₹ 500.00
5	LABORATORY	₹ 966.00
6	NURSING CHARGE	₹ 1,600.00
7	OPERATION THEATRE CHARGES	₹ 11,000.00
8	PHARMACY CHARGE	₹ 7,936.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 9,000.00
11	RADIOLOGY	₹ 550.00
Gross Amount		₹ 36,202.00
Net Payable		₹ 36,202.00
Advance Amount		₹ 20,000.00
Received Amount		₹ 16,202.00

Received Amount in Words : Thirty-Six Thousand Two Hundred Two Only

KARTHIK C

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	25/04/2024	MMH/MH/RECH20240145	UPI	Advance Amount	7,500.00
2	25/04/2024	MMH/MH/RECH20240145	CASH	Advance Amount	2,500.00
3	27/04/2024	MMH/MH/RECH20240155	CARD	Advance Amount	10,000.00
4	27/04/2024	MMH/MH/REDH20240895	CASH	Collected Amount	16,202.00