

IN PATIENT SUMMARY BILL

UHID : MMH202476232

IP No : IP2024000966

Patient name : Mrs.JAYAMMA P

Age : 75 Y 0 M 5 D/Female

Bill No : MMH/MH/IP202400939

Bill Date : 01/05/2024

DOA : 26/4/2024 11:27PM

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	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
4	LABORATORY	₹ 12,715.00
5	NURSING CHARGE	₹ 4,000.00
6	PROFESSIONAL TEAM FEES	₹ 10,206.00
7	RADIOLOGY	₹ 5,050.00
Gross Amount		₹ 41,571.00
Net Payable		₹ 41,571.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 11,571.00

Received Amount in Words : Forty-One Thousand Five Hundred Seventy-One Only

SRINIVASAN
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	28/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	10,000.00
2	30/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	20,000.00
3	01/05/2024	MMH/MH/REDH2024091	CHEQUE	Collected Amount	1,571.00
4	01/05/2024	MMH/MH/REDH2024091	CARD	Collected Amount	10,000.00