

IN PATIENT SUMMARY BILL

UHID : MMH202476234

IP No : IP2024000968

Patient name : Mrs.SELVI CHANDRAN

Age : 49 Y 3 M 14 D/Female

Bill No : MMH/MH/IP202400925

Bill Date : 28/04/2024

DOA : 27/4/2024 8:32AM

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	₹ 2,750.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	LABORATORY	₹ 132.00
5	NURSING CHARGE	₹ 800.00
6	OPERATION THEATRE CHARGES	₹ 5,487.00
7	PROFESSIONAL TEAM FEES	₹ 45,500.00
Gross Amount		₹ 55,769.00
Net Payable		₹ 55,769.00
Advance Amount		₹ 55,769.00
Received Amount		₹ 0.00

Received Amount in Words : Fifty-Five Thousand Seven Hundred Sixty-Nine Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	27/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	10,000.00
2	27/04/2024	MMH/MH/RECH2024015	CARD	Advance Amount	45,769.00