

IN PATIENT SUMMARY BILL

UHID : MMH202476251

IP No : IP2024001007

Patient name : Mrs.SHARDABEN

Age : 71 Y 1 M 23 D/Female

Bill No : MMH/MH/IP202400977

Bill Date : 06/05/2024

DOA : 2/5/2024 9:46AM

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	₹ 9,625.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
6	GENERAL PROCEDURE	₹ 450.00
7	LABORATORY	₹ 1,104.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 11,000.00
10	PHYSIOTHERAPY	₹ 1,200.00
11	PROFESSIONAL TEAM FEES	₹ 21,000.00
12	RADIOLOGY	₹ 900.00
13	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 52,004.00
Net Payable		₹ 52,004.00
Advance Amount		₹ 48,000.00
Received Amount		₹ 4,004.00

Received Amount in Words : Fifty-Two Thousand Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	02/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	30,000.00
2	04/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	17,000.00
3	04/05/2024	MMH/MH/RECH2024016	CASH	Advance Amount	1,000.00
4	06/05/2024	MMH/MH/REDH2024095	UPI	Collected Amount	4,004.00