

IN PATIENT SUMMARY BILL

UHID : MMH202476421

IP No : IP2024001016

Patient name : Mrs.KRISHNAVENI

Age : 80 Y 0 M 4 D/Female

Bill No : MMH/MH/IP202400976

Bill Date : 06/05/2024

DOA : 2/5/2024 9:00PM

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	₹ 15,400.00
3	DIET CHARGES	₹ 2,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 3,000.00
5	LABORATORY	₹ 26,671.00
6	NURSING CHARGE	₹ 3,200.00
7	PHYSIOTHERAPY	₹ 1,200.00
8	PROFESSIONAL TEAM FEES	₹ 19,000.00
9	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 73,721.00
Net Payable		₹ 73,721.00
Advance Amount		₹ 15,000.00
Received Amount		₹ 58,721.00

Received Amount in Words : Seventy-Three Thousand Seven Hundred
Twenty-One 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	CARD	Advance Amount	15,000.00
2	06/05/2024	MMH/MH/REDH2024095	CARD	Collected Amount	53,542.00
3	06/05/2024	MMH/MH/REDH2024095	CHEQUE	Collected Amount	5,179.00