

IN PATIENT SUMMARY BILL

UHID : MMH202476784

IP No : IP2024001078

Patient name : Mr.MOHAMED MUBARAK R

Age : 39 Y 0 M 3 D/Male

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202401042

Bill Date : 13/05/2024

DOA : 10/5/2024 6:48PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
5	LABORATORY	₹ 5,276.00
6	NURSING CHARGE	₹ 800.00
7	PHYSIOTHERAPY	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 6,500.00
9	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 21,926.00
Net Payable		₹ 21,926.00
Received Amount		₹ 21,926.00

Received Amount in Words : Twenty-One Thousand Nine Hundred
Twenty-Six Only

KARTHIK C
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	13/05/2024	MMH/MH/REDH2024101	CARD	Collected Amount	21,926.00