

IN PATIENT SUMMARY BILL

UHID : MMH202477096

IP No : IP2024001133

Patient name : Ms.SHANMUGAPRIYA C

Age : 19 Y 9 M 28 D/Female

Bill No : MMH/MH/IP202401100

Bill Date : 22/05/2024

DOA : 19/5/2024 8:35PM

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	₹ 14,850.00
3	DIET CHARGES	₹ 1,800.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 1,350.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,032.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 29,686.00
10	PHARMACY CHARGE	₹ 44,156.00
11	PHYSIOTHERAPY	₹ 1,400.00
12	PROFESSIONAL TEAM FEES	₹ 86,000.00
13	RADIOLOGY	₹ 900.00
Gross Amount		₹ 189,374.00
Net Payable		₹ 189,374.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 179,374.00

Received Amount in Words : One Lakh Eighty-Nine Thousand Three Hundred Seventy-Four Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/05/2024	MMH/MH/RECH2024018	CARD	Advance Amount	10,000.00
2	22/05/2024	MMH/MH/REDH2024108	CARD	Collected Amount	179,374.00