

### IN PATIENT SUMMARY BILL

UHID : MMH202477200      Bill No : MMH/MH/IP202401157  
 IP No : IP2024001184      Bill Date : 29/05/2024  
 Patient name : Mrs.VASUKI S      DOA : 26/5/2024 7:41PM  
 Age : 59 Y 2 M 4 D/Female      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	₹ 3,300.00
3	DIET CHARGES	₹ 1,500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,500.00
5	GENERAL PROCEDURE	₹ 950.00
6	LABORATORY	₹ 1,104.00
7	NURSING CHARGE	₹ 1,500.00
8	OPERATION THEATRE CHARGES	₹ 11,500.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 29,000.00
11	RADIOLOGY	₹ 750.00
12	TRANSPORT	₹ 1,500.00
		<b>₹ 53,554.00</b>
		<b>₹ 53,554.00</b>
		<b>₹ 30,000.00</b>
		<b>₹ 23,554.00</b>

**Received Amount in Words** : Fifty-Three Thousand Five Hundred Fifty-Four Only

KARTHICK.S  
**Authorised Signature**

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/05/2024	MMH/MH/RECH2024019	CHEQUE	Advance Amount	30,000.00
2	29/05/2024	MMH/MH/REDH2024115	CARD	Collected Amount	23,554.00