

IN PATIENT SUMMARY BILL

UHID : MMH202478397

IP No : IP2024001393

Patient name : Mr.SAHUL HAMEED A

Age : 50 Y 1 M 1 D/Male

Bill No : MMH/MH/IP202401343

Bill Date : 24/06/2024

DOA : 21/6/2024 7:01PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 3,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 126.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 35,050.00
9	PHARMACY CHARGE	₹ 38,930.00
10	PHYSIOTHERAPY	₹ 1,000.00
11	PROFESSIONAL TEAM FEES	₹ 88,000.00
12	RADIOLOGY	₹ 788.00
Gross Amount		₹ 173,194.00
Net Payable		₹ 173,194.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 73,194.00

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

SUDHA.M  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/21/2024	MMH/MH/RECH202402300	CASH	Advance Amount	100,000.00
2	6/24/2024	MMH/MH/REDH202413524	CARD	Collected Amount	73,194.00