

IN PATIENT SUMMARY BILL

UHID : MMH202478440

IP No : IP2024001403

Patient name : Mr.ANGAPPAN D

Age : 50 Y 8 M 10 D/Male

Bill No : MMH/MH/IP202401372

Bill Date : 26/06/2024

DOA : 22/6/2024 7:17PM

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	₹ 4,400.00
3	BLOOD COMPONENTS	₹ 1,000.00
4	DIET CHARGES	₹ 1,000.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 2,000.00
6	GENERAL PROCEDURE	₹ 1,000.00
7	LABORATORY	₹ 2,300.00
8	NURSING CHARGE	₹ 2,000.00
9	OPERATION THEATRE CHARGES	₹ 37,200.00
10	PROFESSIONAL TEAM FEES	₹ 124,000.00
11	RADIOLOGY	₹ 600.00
Gross Amount		₹ 175,850.00
Net Payable		₹ 175,850.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 145,850.00

Received Amount in Words : One Lakh Seventy-Five Thousand Eight Hundred Fifty Only

KARTHICK.S  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/22/2024	MMH/MH/RECH202402316	CARD	Advance Amount	30,000.00
2	6/26/2024	MMH/MH/REDH202413723	CARD	Collected Amount	145,850.00