

IN PATIENT SUMMARY BILL

UHID : MMH202478741
IP No : IP2024001462
Patient name : Mrs.MANJULA
Age : 35 Y 0 M 3 D/Female

Bill No : MMH/MH/IP202401439
Bill Date : 03/07/2024
DOA : 30/6/2024 2:31PM
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	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
4	GENERAL PROCEDURE	₹ 1,450.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 6,869.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 10,550.00
9	PROFESSIONAL TEAM FEES	₹ 91,076.00
10	RADIOLOGY	₹ 1,555.00
Gross Amount		₹ 120,000.00
Net Payable		₹ 120,000.00
Advance Amount		₹ 40,000.00
Received Amount		₹ 80,000.00

Received Amount in Words : One Lakh Twenty Thousand Only

KARTHICK.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	6/30/2024	MMH/MH/RECH202402433	CARD	Advance Amount	40,000.00
2	7/3/2024	MMH/MH/REDH202414313	UPI	Collected Amount	80,000.00