

IN PATIENT SUMMARY BILL

UHID : MMH202478893

IP No : IP2024001493

Patient name : Mr.SYED MOON RAHMAN

Age : 58 Y 6 M 6 D/Male

Consultant Name : Dr.ARAVIND. S.S

Bill No : MMH/MH/IP202401535

Bill Date : 18/07/2024

DOA : 4/7/2024 5:31PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,300.00
3	DIET CHARGES	₹ 1,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	GENERAL PROCEDURE	₹ 1,500.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 4,801.00
8	NURSING CHARGE	₹ 2,400.00
9	OPERATION THEATRE CHARGES	₹ 11,350.00
10	OTHER ADDITION	₹ 25,000.00
11	PHARMACY CHARGE	₹ 19,793.00
12	PHYSIOTHERAPY	₹ 1,200.00
13	PROFESSIONAL TEAM FEES	₹ 38,931.00
14	RADIOLOGY	₹ 925.00
Gross Amount		₹ 113,000.00
Net Payable		₹ 113,000.00
Advance Amount		₹ 113,000.00
Received Amount		₹ 0.00

Received Amount in Words : One Lakh Thirteen Thousand Only

SUDHA.M
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/5/2024	MMH/MH/RECH202402512	CARD	Advance Amount	50,000.00
2	7/8/2024	MMH/MH/RECH202402701	CASH	Advance Amount	63,000.00