IN PATIENT SUMMARY BILL

UHID : MMH/MH/IP202401472 : MMH202478989 Bill No

: IP2024001514 : 11/07/2024 IP No Bill Date

Patient name : Mrs.SARASWATHI.G : 6/7/2024 10:45PM DOA

59 Y 9 M 9 D/Female DOD Age

: CASH Entity Type

: CASH Entity Name

Consultant Name : Dr.BASHEER AHMED

S.No	Description			Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION		₹	500.00
2	ADMINISTRATION CHARGES		₹	350.00
3	BED CHARGES		₹	19,250.00
4	BLOOD COMPONENTS		₹	1,000.00
5	DIET CHARGES		₹	2,500.00
6	DUTY MEDICAL OFFICER CHARGE		₹	3,750.00
7	EQUIPMENT		₹	400.00
8	GENERAL PROCEDURE		₹	3,000.00
9	LABORATORY		₹	816.00
10	NURSING CHARGE		₹	4,000.00
11	OPERATION THEATRE CHARGES		₹	11,850.00
12	PHYSIOTHERAPY		₹	2,400.00
13	PROFESSIONAL TEAM FEES		₹	132,000.00
14	RADIOLOGY		₹	2,720.00
		Gross Amount	₹	184,536.00
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₹ 184,536.00 Net Payable ₹ 40,000.00 **Advance Amount** ₹ 144,536.00 **Received Amount**

: One Lakh Eighty-Four Thousand Five Hundred Thirty-Six KARTHICK.S **Received Amount in Words**

Only **Authorised Signature**

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	7/6/2024	MMH/MH/RECH202402539	CARD	Advance Amount	10,000.00
2	7/7/2024	MMH/MH/RECH202402599	CARD	Advance Amount	30,000.00
3	7/11/2024	MMH/MH/REDH202415083	CASH	Collected Amount	144,536.00