

IN PATIENT SUMMARY BILL

UHID : MMH202480016

IP No : IP2024001722

Patient name : Mr.PARTHASARATHY.N

Age : 80 Y 0 M 9 D/Male

Consultant Name : Dr.BASHEER AHMED

Bill No : MMH/MH/IP202401710

Bill Date : 09/08/2024

DOA : 31/7/2024 9:21PM

DOD :

Entity Type : CASH

Entity Name : CASH

| S.No | Description | Amount |
|-----------------|-----------------------------|--------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 37,800.00 |
| 3 | BLOOD COMPONENTS | ₹ 500.00 |
| 4 | DIET CHARGES | ₹ 2,500.00 |
| 5 | DUTY MEDICAL OFFICER CHARGE | ₹ 6,750.00 |
| 6 | GENERAL PROCEDURE | ₹ 3,500.00 |
| 7 | LABORATORY | ₹ 1,908.00 |
| 8 | NURSING CHARGE | ₹ 7,200.00 |
| 9 | OPERATION THEATRE CHARGES | ₹ 12,350.00 |
| 10 | PHYSIOTHERAPY | ₹ 3,000.00 |
| 11 | PROFESSIONAL TEAM FEES | ₹ 104,000.00 |
| 12 | RADIOLOGY | ₹ 6,720.00 |
| Gross Amount | | ₹ 186,578.00 |
| Net Payable | | ₹ 186,578.00 |
| Advance Amount | | ₹ 155,000.00 |
| Received Amount | | ₹ 31,578.00 |

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

SUDHA.M
Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 7/31/2024 | MMH/MH/RECH202402936 | UPI | Advance Amount | 20,000.00 |
| 2 | 8/1/2024 | MMH/MH/RECH202402946 | UPI | Advance Amount | 80,000.00 |
| 3 | 8/1/2024 | MMH/MH/RECH202402947 | UPI | Advance Amount | 5,000.00 |
| 4 | 8/9/2024 | MMH/MH/RECH202403068 | UPI | Advance Amount | 50,000.00 |
| 5 | 8/9/2024 | MMH/MH/REDH202417415 | NEFT | Collected Amount | 31,578.00 |