

IN PATIENT SUMMARY BILL

UHID : MMH202480141
 IP No : IP2024001882
 Patient name : Mr.MOHAMMED SHAFIULLAH
 Age : 68 Y 0 M 23 D/Male
 Bill No : MMH/MH/IP202401831
 Bill Date : 26/08/2024
 DOA : 22/8/2024 7:20AM
 DOD :
 Entity Type : CASH
 Entity Name : CASH
 Consultant Name : Dr.BALAMURUGAN.S

| S.No | Description | Amount |
|------|-----------------------------|---------------------|
| 1 | ADMINISTRATION CHARGES | ₹ 350.00 |
| 2 | BED CHARGES | ₹ 19,250.00 |
| 3 | DIET CHARGES | ₹ 500.00 |
| 4 | DUTY MEDICAL OFFICER CHARGE | ₹ 3,000.00 |
| 5 | EQUIPMENT | ₹ 300.00 |
| 6 | GENERAL PROCEDURE | ₹ 1,450.00 |
| 7 | INJECTION CHARGES | ₹ 200.00 |
| 8 | LABORATORY | ₹ 1,728.00 |
| 9 | NURSING CHARGE | ₹ 3,200.00 |
| 10 | OPERATION THEATRE CHARGES | ₹ 48,050.00 |
| 11 | PHYSIOTHERAPY | ₹ 2,400.00 |
| 12 | PROFESSIONAL TEAM FEES | ₹ 87,500.00 |
| 13 | RADIOLOGY | ₹ 1,320.00 |
| | | ₹ 169,248.00 |
| | | ₹ 169,248.00 |
| | | ₹ 125,000.00 |
| | | ₹ 44,248.00 |

Received Amount in Words : One Lakh Sixty-Nine Thousand Two Hundred Forty-Eight
 Only

SUDHA

Authorised Signature

Payment History

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|----------------------|--------------|------------------|-----------------|
| 1 | 8/22/2024 | MMH/MH/RECH202403240 | CARD | Advance Amount | 25,000.00 |
| 2 | 8/22/2024 | MMH/MH/RECH202403246 | CARD | Advance Amount | 100,000.00 |
| 3 | 8/26/2024 | MMH/MH/REDH202418605 | CARD | Collected Amount | 44,248.00 |