

IN PATIENT SUMMARY BILL

UHID : MMH202480487

IP No : IP2024001805

Patient name : Mr.JONATHAN SATHYANATHAN

Age : 33 Y 0 M 5 D/Male

Bill No : MMH/MH/IP202401761

Bill Date : 17/08/2024

DOA : 13/8/2024 8:48AM

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	₹ 7,425.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,125.00
4	EQUIPMENT	₹ 7,000.00
5	GENERAL PROCEEDURE	₹ 500.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 1,200.00
8	OPERATION THEATRE CHARGES	₹ 7,000.00
9	PHYSIOTHERAPY	₹ 600.00
10	PROFESSIONAL TEAM FEES	₹ 7,000.00

Gross Amount₹ 32,344.00

Net Payable₹ 32,344.00

Advance Amount₹ 30,000.00

Received Amount₹ 2,344.00

Received Amount in Words : Thirty-Two Thousand Three Hundred Forty-Four Only

SUDHA

Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/13/2024	MMH/MH/RECH202403120	CARD	Advance Amount	30,000.00
2	8/17/2024	MMH/MH/REDH202417969	UPI	Collected Amount	2,344.00