

IN PATIENT SUMMARY BILL

UHID : MMH202480491

IP No : IP2024001810

Patient name : Mr.HAMEED IMTHAD

Age : 43 Y 0 M 29 D/Male

Bill No : MMH/MH/IP202401753

Bill Date : 16/08/2024

DOA : 14/8/2024 8:38AM

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	₹ 12,375.00
3	DIET CHARGES	₹ 500.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,875.00
5	GENERAL PROCEEDURE	₹ 450.00
6	LABORATORY	₹ 144.00
7	NURSING CHARGE	₹ 2,000.00
8	OPERATION THEATRE CHARGES	₹ 8,200.00
9	PHYSIOTHERAPY	₹ 1,200.00
10	PROFESSIONAL TEAM FEES	₹ 120,000.00
Gross Amount		₹ 147,094.00
Net Payable		₹ 147,094.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 97,094.00

Received Amount in Words : One Lakh Forty-Seven Thousand Ninety-Four Only

SUDHA  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	8/14/2024	MMH/MH/RECH202403131	CASH	Advance Amount	50,000.00
2	8/16/2024	MMH/MH/REDH202417915	CASH	Collected Amount	97,094.00