

IN PATIENT SUMMARY BILL

UHID : MMH202481127

IP No : IP2024001976

Patient name : Mr.AMEETH M

Age : 48 Y 0 M 5 D/Male

Bill No : MMH/MH/IP202401932

Bill Date : 09/09/2024

DOA : 4/9/2024 11:44AM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.BASHEER AHMED ORTHO

S.No	Description	Amount
1	ACCIDENT / TRAUMA (MLC) REGISTRATION	₹ 500.00
2	ADMINISTRATION CHARGES	₹ 350.00
3	BED CHARGES	₹ 6,050.00
4	DIET CHARGES	₹ 2,500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 4,125.00
6	GENERAL PROCEEDURE	₹ 1,500.00
7	INJECTION CHARGES	₹ 200.00
8	LABORATORY	₹ 8,067.00
9	NURSING CHARGE	₹ 4,400.00
10	OPERATION THEATRE CHARGES	₹ 23,350.00
11	PROFESSIONAL TEAM FEES	₹ 156,500.00
12	RADIOLOGY	₹ 13,445.00
Gross Amount		₹ 220,987.00
Net Payable		₹ 220,987.00
Advance Amount		₹ 70,000.00
Received Amount		₹ 150,987.00

Received Amount in Words : Two Lakh Twenty Thousand Nine Hundred Eighty-Seven Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/4/2024	MMH/MH/RECH202403419	CASH	Advance Amount	20,000.00
2	9/5/2024	MMH/MH/RECH202403447	CASH	Advance Amount	50,000.00
3	9/9/2024	MMH/MH/REDH202419775	CASH	Collected Amount	150,987.00