

IN PATIENT SUMMARY BILL

UHID : MMH202481298

IP No : IP2024002041

Patient name : Mrs.INDIRA RAMESH

Age : 56 Y 0 M 6 D/Female

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202401976

Bill Date : 15/09/2024

DOA : 14/9/2024 8:30AM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,950.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	INJECTION CHARGES	₹ 200.00
5	LABORATORY	₹ 144.00
6	NURSING CHARGE	₹ 800.00
7	OPERATION THEATRE CHARGES	₹ 8,806.00
8	PROFESSIONAL TEAM FEES	₹ 67,000.00
Gross Amount		₹ 83,000.00
Net Payable		₹ 83,000.00
Advance Amount		₹ 83,000.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Three Thousand Only

KARTHICK  
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/14/2024	MMH/MH/RECH202403573	CASH	Advance Amount	30,000.00
2	9/15/2024	MMH/MH/RECH202403587	CASH	Advance Amount	53,000.00