

IN PATIENT SUMMARY BILL

UHID : MMH202481710

IP No : IP2024002153

Patient name : Mr.AJUIN A

Age : 33 Y 0 M 7 D/Male

Bill No : MMH/MH/IP202402094

Bill Date : 29/09/2024

DOA : 26/9/2024 3:21PM

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	₹ 3,300.00
3	DIET CHARGES	₹ 2,000.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,250.00
5	INJECTION CHARGES	₹ 200.00
6	LABORATORY	₹ 756.00
7	NURSING CHARGE	₹ 2,400.00
8	OPERATION THEATRE CHARGES	₹ 18,550.00
9	PHYSIOTHERAPY	₹ 1,000.00
10	PROCEDURE CHARGES	₹ 450.00
11	PROFESSIONAL TEAM FEES	₹ 88,000.00
12	RADIOLOGY	₹ 1,050.00
Gross Amount		₹ 120,306.00
Net Payable		₹ 120,306.00
Advance Amount		₹ 100,000.00
Received Amount		₹ 20,306.00

Received Amount in Words : One Lakh Twenty Thousand Three Hundred Six Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	9/26/2024	MMH/MH/RECH202403770	UPI	Advance Amount	30,000.00
2	9/28/2024	MMH/MH/RECH202403799	UPI	Advance Amount	30,000.00
3	9/29/2024	MMH/MH/RECH202403824	CARD	Advance Amount	40,000.00
4	9/29/2024	MMH/MH/REDH202421431	CARD	Collected Amount	20,306.00