

IN PATIENT SUMMARY BILL

UHID : MMH202482340

IP No : IP2024002220

Patient name : Mrs.SHAM SAHILA

Age : 59 Y 6 M 0 D/Female

Bill No : MMH/MH/IP202402176

Bill Date : 10/10/2024

DOA : 5/10/2024 11:44PM

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	₹ 24,750.00
3	BLOOD COMPONENTS	₹ 500.00
4	DIET CHARGES	₹ 500.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 3,750.00
6	LABORATORY	₹ 3,036.00
7	NURSING CHARGE	₹ 4,000.00
8	OPERATION THEATRE CHARGES	₹ 11,500.00
9	PHARMACY CHARGE	₹ 8,720.00
10	PHYSIOTHERAPY	₹ 1,800.00
11	PROCEDURE CHARGES	₹ 900.00
12	PROFESSIONAL TEAM FEES	₹ 32,000.00
13	RADIOLOGY	₹ 660.00
Gross Amount		₹ 92,466.00
Net Payable		₹ 92,466.00
Advance Amount		₹ 75,000.00
Received Amount		₹ 17,466.00

Received Amount in Words : Ninety-Two Thousand Four Hundred Sixty-Six Only

SATHISH KUMAR.S
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/6/2024	MMH/MH/RECH202403929	CASH	Advance Amount	75,000.00
2	10/10/2024	MMH/MH/REDH202422325	CASH	Collected Amount	17,466.00