

IN PATIENT SUMMARY BILL

UHID : MMH202482533

IP No : IP2024002289

Patient name : Mr.MADHAV

Age : 17 Y 10 M 5 D/Male

Consultant Name : Dr.BASHEER AHMED ORTHO

Bill No : MMH/MH/IP202402230

Bill Date : 16/10/2024

DOA : 15/10/2024 1:27PM

DOD :

Entity Type : CASH

Entity Name : CASH

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 750.00
4	NURSING CHARGE	₹ 800.00
5	PROFESSIONAL TEAM FEES	₹ 9,050.00
Gross Amount		₹ 12,050.00
Net Payable		₹ 12,050.00
Advance Amount		₹ 12,050.00
Received Amount		₹ 0.00

Received Amount in Words : Twelve Thousand Fifty Only

SUDHA
Authorised Signature

Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	10/15/2024	MMH/MH/RECH202404044	UPI	Advance Amount	2,050.00
2	10/15/2024	MMH/MH/RECH202404045	UPI	Advance Amount	10,000.00