

### IN PATIENT SUMMARY BILL

UHID : MH01068  
IP No : IP2023002757  
Patient name : Mr.SATHYA NARAYANA.R.V  
Age : 66 Y 7 M 8 D/Male

Bill No : MMH/MH/IP00173  
Bill Date : 19/12/2023  
DOA : 19/12/2023 11:24AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 0.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 0.00
4	LABORATORY	₹ 2,784.00
5	NURSING CHARGE	₹ 375.00
6	PROFESSIONAL FEES	₹ 1,000.00
<b>Gross Amount</b>		₹ <b>4,509.00</b>
<b>Net Payable</b>		₹ <b>4,509.00</b>
<b>Advance Amount</b>		₹ <b>10,000.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>
<b>Refund Amount</b>		₹ <b>5,491.00</b>

Received Amount in Words : Ten Thousand Only

DINESH

Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/MH/RECH00390	CARD	Advance Amount	10,000.00