

### IN PATIENT SUMMARY BILL

UHID : MH23910  
IP No : IP2023002654  
Patient name : Mr.VARADARAJAN V  
Age : 82/Male

Bill No : MMH/MH/IP00082  
Bill Date : 07/12/2023  
DOA : 5/12/2023 7:35PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 6,608.00
5	NURSING CHARGE	₹ 1,500.00
6	PROFESSIONAL TEAM FEES	₹ 10,000.00
7	RADIOLOGY	₹ 5,700.00
Gross Amount		₹ 33,258.00
Net Payable		₹ 33,258.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 28,258.00

Received Amount in Words : Thirty-Three Thousand Two Hundred  
Fifty-Eight Only

DINESH  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 20:07:39.493	MMH/MH/RECH00193	CARD	Advance Amount	5,000.00
2	2023-12-07 18:14:36.776	MMH/MH/REDH01049	CARD	Collected Amount	28,258.00