

**IN PATIENT SUMMARY BILL**

UHID : MH52611  
IP No : IP2023002704  
Patient name : Mr.ARUNKUMAR M  
Age : 54 Y 11 M 21 D/Male

Bill No : MMH/MH/IP00149  
Bill Date : 15/12/2023  
DOA : 12/12/2023 2:57AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.SUBRAMANIAM R

| S.No | Description                 | Amount      |
|------|-----------------------------|-------------|
| 1    | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2    | BED CHARGES                 | ₹ 15,400.00 |
| 3    | DUTY MEDICAL OFFICER CHARGE | ₹ 2,800.00  |
| 4    | EQUIPMENT                   | ₹ 2,500.00  |
| 5    | GENERAL PROCEDURE           | ₹ 1,000.00  |
| 6    | LABORATORY                  | ₹ 16,784.00 |
| 7    | NURSING CHARGE              | ₹ 3,000.00  |
| 8    | OPERATION THEATRE CHARGES   | ₹ 11,150.00 |
| 9    | PROFESSIONAL TEAM FEES      | ₹ 43,500.00 |
| 10   | RADIOLOGY                   | ₹ 3,750.00  |

**Gross Amount** ₹ **100,234.00**  
**Net Payable** ₹ **100,234.00**  
**Advance Amount** ₹ **100,234.00**  
**Received Amount** ₹ **0.00**

**Received Amount in Words** : One Lakh Two Hundred Thirty-Four Only

DINESH  
**Authorised Signature**

**Payment History**

| S.No | Receipt Date | Receipt Code | Payment Mode | Trans. Type | Received Amount |
|------|--------------|--------------|--------------|-------------|-----------------|
| 1    |              |              |              |             |                 |