

**IN PATIENT SUMMARY BILL**

UHID : MH55100  
IP No : IP2023002723  
Patient name : Mrs.UMA SESHADRI  
Age : 43 Y 6 M 27 D/Female

Bill No : MMH/MH/IP00148  
Bill Date : 15/12/2023  
DOA : 14/12/2023 9:37AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 1,650.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,050.00
4	LABORATORY	₹ 17,063.00
5	NURSING CHARGE	₹ 1,125.00
6	PROFESSIONAL TEAM FEES	₹ 4,000.00
7	RADIOLOGY	₹ 2,925.00
<b>Gross Amount</b>		₹ <b>28,163.00</b>
<b>Net Payable</b>		₹ <b>28,163.00</b>
<b>Advance Amount</b>		₹ <b>28,163.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**Received Amount in Words** : Twenty-Eight Thousand One Hundred  
Sixty-Three Only

DINESH  
**Authorised Signature**

**Payment History**

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