

### IN PATIENT SUMMARY BILL

UHID : MH56410  
IP No : IP2023002832  
Patient name : Mrs.POORNIMA G  
Age : 41 Y 1 M 17 D/Female

Bill No : MMH/MH/IP00252  
Bill Date : 29/12/2023  
DOA : 29/12/2023 10:03AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 350.00
4	NURSING CHARGE	₹ 375.00
5	PROFESSIONAL FEES	₹ 5,000.00
Gross Amount		₹ 8,175.00
Net Payable		₹ 8,175.00
Advance Amount		₹ 5,000.00
Received Amount		₹ 3,175.00

Received Amount in Words : Eight Thousand One Hundred Seventy-Five  
Only

KARTHIK C  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	29/12/2023	MMH/MH/RECH00527	CARD	Advance Amount	5,000.00
2	29/12/2023	MMH/MH/REDH02701	CARD	Collected Amount	3,175.00