

### IN PATIENT SUMMARY BILL

UHID : MH57950  
IP No : IP2023002709  
Patient name : Mrs.VISALAKSHI L  
Age : 32 Y 5 M 11 D/Female

Bill No : MMH/MH/IP00163  
Bill Date : 17/12/2023  
DOA : 12/12/2023 6:02PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.DHIVYALAKSHMI.S.J.

| S.No            | Description                 | Amount      |
|-----------------|-----------------------------|-------------|
| 1               | ADMINISTRATION CHARGES      | ₹ 350.00    |
| 2               | BED CHARGES                 | ₹ 21,000.00 |
| 3               | DUTY MEDICAL OFFICER CHARGE | ₹ 3,500.00  |
| 4               | EQUIPMENT                   | ₹ 500.00    |
| 5               | GENERAL PROCEDURE           | ₹ 500.00    |
| 6               | LABORATORY                  | ₹ 144.00    |
| 7               | NURSING CHARGE              | ₹ 3,750.00  |
| 8               | OPERATION THEATRE CHARGES   | ₹ 10,850.00 |
| 9               | PROFESSIONAL TEAM FEES      | ₹ 23,000.00 |
| Gross Amount    |                             | ₹ 63,594.00 |
| Net Payable     |                             | ₹ 63,594.00 |
| Advance Amount  |                             | ₹ 55,000.00 |
| Received Amount |                             | ₹ 8,594.00  |

Received Amount in Words : Sixty-Three Thousand Five Hundred  
Ninety-Four Only

DINESH  
Authorised Signature

#### Payment History

| S.No | Receipt Date            | Receipt Code     | Payment Mode | Trans. Type      | Received Amount |
|------|-------------------------|------------------|--------------|------------------|-----------------|
| 1    | 2023-12-17 13:49:29.853 | MMH/MH/REDH01752 | CARD         | Collected Amount | 8,594.00        |