

### IN PATIENT SUMMARY BILL

UHID : MH58286  
IP No : IP2023002697  
Patient name : Mrs.NIRMALA R  
Age : 75 Y 3 M 4 D/Female

Bill No : MMH/MH/IP00126  
Bill Date : 12/12/2023  
DOA : 11/12/2023 12:22PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,200.00
3	BLOOD COMPONENTS	₹ 1,550.00
4	DIET CHARGES	₹ 1,750.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
6	LABORATORY	₹ 9,360.00
7	NURSING CHARGE	₹ 750.00
8	PROFESSIONAL TEAM FEES	₹ 11,300.00
9	RADIOLOGY	₹ 3,000.00
Gross Amount		₹ 32,960.00
Net Payable		₹ 32,960.00
Advance Amount		₹ 32,960.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Two Thousand Nine Hundred Sixty Only

DINESH

Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-11 12:24:14.256	MMH/MH/RECH00271	CASH	Advance Amount	20,000.00
2	2023-12-12 17:35:17.026	MMH/MH/RECH00295	CASH	Advance Amount	12,960.00