

### IN PATIENT SUMMARY BILL

UHID : MHI202371367  
IP No : IPH202302546  
Patient name : Mr.GOPALAKRISHNAN.K  
Age : 77/Male

Bill No : MMH/HM/IPH00552  
Bill Date : 20/12/2023  
DOA : 19/12/2023 3:14PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.ANBARASU MOHANRAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 600.00
2	BED CHARGES	₹ 4,950.00
3	DIET CHARGES	₹ 2,600.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 1,000.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 480.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 1,000.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 1,422.00
11	PROFESSIONAL TEAM FEES	₹ 4,000.00

**Gross Amount** ₹ **16,902.00**  
**Net Payable** ₹ **16,902.00**  
**Advance Amount** ₹ **20,000.00**  
**Received Amount** ₹ **0.00**  
**Refund Amount** ₹ **3,098.00**

**Received Amount in Words** : Twenty Thousand Only

SANTHOSH  
**Authorised Signature**

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	19/12/2023	MMH/HM/RECAP00588	CARD	Advance Amount	20,000.00