

**IN PATIENT SUMMARY BILL**

UHID : MMH202371835  
IP No : IP2023002692  
Patient name : Mrs.AISHWARYA.V  
Age : 26 Y 7 M 9 D/Female

Bill No : MMH/MH/IP00120  
Bill Date : 12/12/2023  
DOA : 10/12/2023 9:44PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.MANIAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,700.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 3,536.00
5	NURSING CHARGE	₹ 1,500.00
6	PROFESSIONAL TEAM FEES	₹ 2,700.00
7	RADIOLOGY	₹ 2,400.00
Gross Amount		₹ 19,586.00
Net Payable		₹ 19,586.00
Advance Amount		₹ 19,586.00
Received Amount		₹ 0.00

Received Amount in Words : Nineteen Thousand Five Hundred Eighty-Six  
Only

KARTHIK C  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-10 21:49:38.963	MMH/MH/RECH00261	CARD	Advance Amount	15,000.00
2	2023-12-12 13:38:45.876	MMH/MH/RECH00293	CARD	Advance Amount	4,586.00