

### IN PATIENT SUMMARY BILL

UHID : MMH202371254  
IP No : IP2023002717  
Patient name : Mrs.DHANALAKSHMI  
Age : 44 Y 0 M 23 D/Female

Bill No : MMH/MH/IP00152  
Bill Date : 16/12/2023  
DOA : 13/12/2023 12:17PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.ARUN RAMANAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 10,175.00
3	BLOOD COMPONENTS	₹ 6,650.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
5	LABORATORY	₹ 780.00
6	NURSING CHARGE	₹ 2,250.00
7	PROFESSIONAL TEAM FEES	₹ 11,000.00
Gross Amount		₹ 33,305.00
Net Payable		₹ 33,305.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 23,305.00

Received Amount in Words : Thirty-Three Thousand Three Hundred Five  
Only

KARTHIK C  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-16 13:46:31.930	MMH/MH/REDH01684	CARD	Collected Amount	23,305.00