

### IN PATIENT SUMMARY BILL

UHID : MMH202371453  
IP No : IP2023002608  
Patient name : Mrs.LAKSHMI  
Age : 73 Y 0 M 20 D/Female

Bill No : MMH/MH/IP00040  
Bill Date : 30/11/2023  
DOA : 28/11/2023 10:07PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.SUBRAMANIAM.S(ORTHO)

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 960.00
5	NURSING CHARGE	₹ 1,500.00
6	OPERATION THEATRE CHARGES	₹ 15,550.00
7	PHYSIOTHERAPY	₹ 600.00
8	PROFESSIONAL TEAM FEES	₹ 55,500.00
9	RADIOLOGY	₹ 2,350.00
Gross Amount		₹ 83,710.00
Net Payable		₹ 83,710.00
Advance Amount		₹ 83,710.00
Received Amount		₹ 0.00

Received Amount in Words : Eighty-Three Thousand Seven Hundred Ten  
Only

DINESH  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-28 22:25:26.960	MMH/MH/RECH00108	CARD	Advance Amount	50,000.00
2	2023-11-30 16:05:27.660	MMH/MH/RECH00133	CASH	Advance Amount	33,710.00