

**IN PATIENT SUMMARY BILL**

UHID : MHI202381097  
IP No : IPH202302405  
Patient name : Mr.NITHYANANDAM P  
Age : 72 Y 0 M 0 D/Male

Bill No : MMH/HM/IPH00420  
Bill Date : 30/11/2023  
DOA : 12/11/2023 1:30PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 26,250.00
3	LABORATORY CHARGE	₹ 55,909.00
4	PHARMACY CHARGE	₹ 97,806.00
5	PROFESSIONAL FEES	₹ 90,000.00
6	PROFESSIONAL TEAM FEES	₹ 19,100.00
7	RADIOLOGY	₹ 22,264.00
Gross Amount		₹ 311,529.00
Net Payable		₹ 311,529.00
Advance Amount		₹ 311,529.00
Received Amount		₹ 0.00

Received Amount in Words : Three Lakh Eleven Thousand Five Hundred  
Twenty-Nine Only

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 16:59:08.026	MMH/HM/RECAP00433	CARD	Advance Amount	311,529.00