

### IN PATIENT SUMMARY BILL

UHID : MMH202371543  
IP No : IP2023002625  
Patient name : Mrs.KASTHURI  
Age : 52 Y 0 M 7 D/Female

Bill No : MMH/MH/IP00083  
Bill Date : 07/12/2023  
DOA : 30/11/2023 11:37PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.SHIVA KUMAR D

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 4,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	LABORATORY	₹ 4,632.00
5	NURSING CHARGE	₹ 6,000.00
6	PROFESSIONAL TEAM FEES	₹ 3,000.00
7	RADIOLOGY	₹ 4,200.00
Gross Amount		₹ 25,132.00
Net Payable		₹ 25,132.00
Advance Amount		₹ 25,132.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Five Thousand One Hundred  
Thirty-Two Only

DINESH  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-11-30 23:38:12.133	MMH/MH/RECH00141	CASH	Advance Amount	15,000.00
2	2023-12-03 21:14:52.536	MMH/MH/RECH00180	CARD	Advance Amount	10,132.00