

**IN PATIENT SUMMARY BILL**

UHID : MHK202300273

IP No : IPK00022

Patient name : Mrs.J.SURYAVATHI

Age : 60 Y 0 M 4 D/Female

Bill No : MMH/KM/IPK00023

Bill Date : 05/12/2023

DOA : 1/12/2023 8:10PM

DOD :

Entity Type : CASH

Entity Name : CASH

Consultant Name : Dr.N.SURYA PRASAD

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 50.00
Gross Amount		₹ 50.00
Discount Amount		₹ 50.00
Net Payable		₹ 0.00
Received Amount		₹ 0.00

Received Amount in Words : Zero Only

RAYAPUREDDI  
VINODKUMAR  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					