

### IN PATIENT SUMMARY BILL

UHID : MMH202371569  
IP No : IP2023002634  
Patient name : Mrs.RAJAM.T.N  
Age : 90 Y 0 M 1 D/Female

Bill No : MMH/MH/IP00058  
Bill Date : 02/12/2023  
DOA : 2/12/2023 5:00AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 7,500.00
3	EQUIPMENT	₹ 14,000.00
4	INTENSIVIST CHARGES	₹ 3,000.00
5	LABORATORY	₹ 14,348.00
6	NURSING CHARGE	₹ 2,000.00
7	PROFESSIONAL TEAM FEES	₹ 4,000.00
8	RADIOLOGY	₹ 15,180.00
9	TRANSPORT	₹ 1,000.00
10	ULTRASOUND	₹ 2,400.00

**Gross Amount** ₹ **63,778.00**

**Net Payable** ₹ **63,778.00**

**Advance Amount** ₹ **63,778.00**

**Received Amount** ₹ **0.00**

**Received Amount in Words** : Sixty-Three Thousand Seven Hundred  
Seventy-Eight Only

KARTHIK C  
**Authorised Signature**

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-02 06:24:42.133	MMH/MH/RECH00158	CARD	Advance Amount	10,000.00
2	2023-12-02 17:57:07.456	MMH/MH/RECH00169	CHEQUE	Advance Amount	3,552.00
3	2023-12-02 17:57:07.463	MMH/MH/RECH00170	CARD	Advance Amount	50,226.00