

### IN PATIENT SUMMARY BILL

UHID : MMH202371588  
IP No : IP2023002641  
Patient name : Mr.ASHWATH S  
Age : 17 Y 0 M 4 D/Male

Bill No : MMH/MH/IP00093  
Bill Date : 08/12/2023  
DOA : 3/12/2023 10:47AM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Emergency Doctor

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 5,500.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 3,500.00
4	LABORATORY	₹ 11,810.00
5	NURSING CHARGE	₹ 3,750.00
6	PROFESSIONAL TEAM FEES	₹ 6,500.00
7	RADIOLOGY	₹ 2,500.00
Gross Amount		₹ 33,910.00
Net Payable		₹ 33,910.00
Advance Amount		₹ 33,910.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty-Three Thousand Nine Hundred Ten  
Only

KARTHIK C  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-03 10:59:55.633	MMH/MH/RECH00178	CARD	Advance Amount	10,000.00
2	2023-12-08 15:10:14.226	MMH/MH/RECH00230	CARD	Advance Amount	23,910.00