

**IN PATIENT SUMMARY BILL**

UHID : MMH202371611  
IP No : IP2023002649  
Patient name : Mrs.INDIRANI T  
Age : 77 Y 1 M 13 D/Female

Bill No : MMH/MH/IP00077  
Bill Date : 05/12/2023  
DOA : 5/12/2023 1:06PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,750.00
3	EQUIPMENT	₹ 7,000.00
4	GENERAL PROCEDURE	₹ 5,000.00
5	INTENSIVIST CHARGES	₹ 1,500.00
6	LABORATORY	₹ 7,280.00
7	NURSING CHARGE	₹ 1,000.00
8	PROFESSIONAL TEAM FEES	₹ 8,000.00
9	RADIOLOGY	₹ 480.00
10	TRANSPORT	₹ 1,000.00
Gross Amount		₹ 35,360.00
Net Payable		₹ 35,360.00
Advance Amount		₹ 50,000.00
Received Amount		₹ 0.00
Refund Amount		₹ 14,640.00

Received Amount in Words : Fifty Thousand Only

DINESH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-05 13:36:22.906	MMH/MH/RECH00187	CARD	Advance Amount	50,000.00