

### IN PATIENT SUMMARY BILL

UHID : MMH202371656  
IP No : IP2023002661  
Patient name : Mr.ARUN RAJ S  
Age : 34 Y 0 M 3 D/Male

Bill No : MMH/MH/IP00103  
Bill Date : 09/12/2023  
DOA : 6/12/2023 3:45PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.CHANDRA MOHAN.V

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 11,550.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,100.00
4	GENERAL PROCEDURE	₹ 1,000.00
5	LABORATORY	₹ 4,028.00
6	NURSING CHARGE	₹ 2,250.00
7	PROFESSIONAL TEAM FEES	₹ 11,500.00
8	RADIOLOGY	₹ 9,600.00
9	TRANSPORT	₹ 1,500.00
Gross Amount		₹ 43,878.00
Net Payable		₹ 43,878.00
Advance Amount		₹ 43,878.00
Received Amount		₹ 0.00

Received Amount in Words : Forty-Three Thousand Eight Hundred  
Seventy-Eight Only

KARTHIK C  
Authorised Signature

### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-06 15:51:38.143	MMH/MH/RECH00205	CARD	Advance Amount	20,000.00
2	2023-12-09 15:44:13.643	MMH/MH/RECH00245	CASH	Advance Amount	22,750.00
3	2023-12-09 15:44:13.650	MMH/MH/RECH00246	CHEQUE	Advance Amount	1,128.00