

### IN PATIENT SUMMARY BILL

UHID : MMH202371678  
IP No : IP2023002662  
Patient name : Ms.NAGOMI.G  
Age : 20 Y 7 M 20 D/Female

Bill No : MMH/MH/IP00080  
Bill Date : 07/12/2023  
DOA : 6/12/2023 9:34PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.BALAJI.P.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 400.00
2	BED CHARGES	₹ 1,100.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	INJECTION CHARGES	₹ 200.00
5	NURSING CHARGE	₹ 750.00
6	OPERATION THEATRE CHARGES	₹ 3,600.00
7	PROFESSIONAL TEAM FEES	₹ 15,827.00
Gross Amount		₹ 22,577.00
Net Payable		₹ 22,577.00
Advance Amount		₹ 22,577.00
Received Amount		₹ 0.00

Received Amount in Words : Twenty-Two Thousand Five Hundred  
Seventy-Seven Only

DINESH  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-06 21:50:15.743	MMH/MH/RECH00212	CARD	Advance Amount	20,000.00
2	2023-12-07 17:53:35.280	MMH/MH/RECH00222	CARD	Advance Amount	2,577.00