

**IN PATIENT SUMMARY BILL**

UHID : MHI202381165  
IP No : IPH202302478  
Patient name : Mrs.ARASURANI M  
Age : 64 Y 1 M 12 D/Female

Bill No : MMH/HM/IPH00507  
Bill Date : 13/12/2023  
DOA : 11/12/2023 9:57PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 10,250.00
3	DIET CHARGES	₹ 2,100.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	EQUIPMENT	₹ 8,000.00
6	GENERAL PROCEDURE	₹ 500.00
7	INTENSIVIST CHARGES	₹ 2,500.00
8	LABORATORY	₹ 3,252.00
9	MEDICAL RECORD CHARGE	₹ 200.00
10	NURSING CHARGE	₹ 2,800.00
11	OP REGISTRATION	₹ 150.00
12	PHARMACY CHARGE	₹ 6,847.00
13	PROFESSIONAL TEAM FEES	₹ 4,000.00
14	RADIOLOGY	₹ 2,350.00
Gross Amount		₹ 43,949.00
Net Payable		₹ 43,949.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 13,949.00

Received Amount in Words : Forty-Three Thousand Nine Hundred  
Forty-Nine Only

IYAPPAN R  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-11 23:00:24.233	MMH/HM/RECAP00526	CASH	Advance Amount	30,000.00
2	2023-12-13 15:09:11.546	MMH/HM/RECB04115	CASH	Collected Amount	13,949.00