

### IN PATIENT SUMMARY BILL

UHID : MHI202381179  
IP No : IPH202302460  
Patient name : Mrs.MARAGATHAMANI P  
Age : 69 Y 6 M 14 D/Female

Bill No : MMH/HM/IPH00476  
Bill Date : 09/12/2023  
DOA : 8/12/2023 2:26PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.G. GNANAVELU

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 200.00
2	BED CHARGES	₹ 1,500.00
3	DIET CHARGES	₹ 1,300.00
4	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
5	GENERAL PROCEDURE	₹ 500.00
6	LABORATORY	₹ 2,182.00
7	MEDICAL RECORD CHARGE	₹ 200.00
8	NURSING CHARGE	₹ 800.00
9	OP REGISTRATION	₹ 150.00
10	PHARMACY CHARGE	₹ 3,340.00
11	RADIOLOGY	₹ 1,000.00
Gross Amount		₹ 11,972.00
Net Payable		₹ 11,972.00
Advance Amount		₹ 10,000.00
Received Amount		₹ 1,972.00

Received Amount in Words : Eleven Thousand Nine Hundred Seventy-Two  
Only

IYAPPAN R  
Authorised Signature

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-08 14:56:32.906	MMH/HM/RECAP00494	CASH	Advance Amount	10,000.00
2	2023-12-09 15:31:48.153	MMH/HM/RECB03808	CASH	Collected Amount	1,972.00