

**IN PATIENT SUMMARY BILL**

UHID : MHI202381180  
IP No : IPH202302461  
Patient name : Mrs.MALLIKA  
Age : 58 Y 5 M 12 D/Female

Bill No : MMH/HM/IPH00480  
Bill Date : 11/12/2023  
DOA : 8/12/2023 2:44PM  
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	CARDIOLOGY PACKAGE-HEART	₹ 11,764.00
4	DIET CHARGES	₹ 1,800.00
5	DUTY MEDICAL OFFICER CHARGE	₹ 800.00
6	GENERAL PROCEDURE	₹ 500.00
7	LABORATORY	₹ 132.00
8	MEDICAL RECORD CHARGE	₹ 200.00
9	NURSING CHARGE	₹ 800.00
10	OP REGISTRATION	₹ 150.00
11	PHARMACY CHARGE	₹ 10,154.00
12	PROFESSIONAL TEAM FEES	₹ 2,000.00
Gross Amount		₹ 30,000.00
Net Payable		₹ 30,000.00
Advance Amount		₹ 30,000.00
Received Amount		₹ 0.00

Received Amount in Words : Thirty Thousand Only

SANTHOSH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-08 14:52:07.460	MMH/HM/RECAP00493	CARD	Advance Amount	20,000.00
2	2023-12-09 17:51:35.360	MMH/HM/RECAP00510	CARD	Advance Amount	10,000.00