

**IN PATIENT SUMMARY BILL**

UHID : MMH202371945  
IP No : IP2023002718  
Patient name : B/O.VISALAKSHI  
Age : 0 Y 0 M 5 D/Male

Bill No : MMH/MH/IP00162  
Bill Date : 17/12/2023  
DOA : 12/12/2023 8:15PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.LAKSHAN RAJ

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	LABORATORY	₹ 302.00
3	NURSING CHARGE	₹ 1,500.00
Gross Amount		₹ 2,152.00
Net Payable		₹ 2,152.00
Received Amount		₹ 2,152.00

Received Amount in Words : Two Thousand One Hundred Fifty-Two Only

DINESH  
Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	2023-12-17 13:42:19.713	MMH/MH/REDH01750	CARD	Collected Amount	2,152.00