

### IN PATIENT SUMMARY BILL

UHID : MMH202372029  
IP No : IP2023002730  
Patient name : Mrs.LEELAVATHI GORE  
Age : 86 Y 10 M 1 D/Female

Bill No : MMH/MH/IP00161  
Bill Date : 17/12/2023  
DOA : 15/12/2023 3:03PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 9,900.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	NURSING CHARGE	₹ 1,500.00
5	PROFESSIONAL FEES	₹ 2,000.00
<b>Gross Amount</b>		₹ <b>15,150.00</b>
<b>Net Payable</b>		₹ <b>15,150.00</b>
<b>Advance Amount</b>		₹ <b>70,972.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>
<b>Refund Amount</b>		₹ <b>55,822.00</b>

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

DINESH  
**Authorised Signature**

#### Payment History

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1					