

**IN PATIENT SUMMARY BILL**

UHID	:	MMH202372130	Bill No	:	MMH/MH/IP00167
IP No	:	IP2023002739	Bill Date	:	18/12/2023
Patient name	:	B/O.CHITHRA.S	DOA	:	17/12/2023 12:25AM
Age	:	0 Y 0 M 1 D/Male	DOD	:	
			Entity Type	:	CASH
			Entity Name	:	CASH
Consultant Name	:	Dr.LAKSHAN RAJ			

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	LABORATORY	₹ 950.40
3	NURSING CHARGE	₹ 1,500.00
4	PROFESSIONAL FEES	₹ 4,000.00
Gross Amount		₹ 6,800.40
Net Payable		₹ 6,800.00
Received Amount		₹ 6,800.00

Received Amount in Words	:	Six Thousand Eight Hundred Only	DINESH
			Authorised Signature

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/REDH01872	CASH	Collected Amount	6,800.00