

**IN PATIENT SUMMARY BILL**

UHID : MMH202372147  
IP No : IP2023002750  
Patient name : Ms.JAYASHREE KAMATH  
Age : 26 Y 1 M 0 D/Female

Bill No : MMH/MH/IP00174  
Bill Date : 19/12/2023  
DOA : 18/12/2023 7:32PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 3,850.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 700.00
4	LABORATORY	₹ 6,831.00
5	NURSING CHARGE	₹ 750.00
6	PROFESSIONAL TEAM FEES	₹ 4,000.00
7	RADIOLOGY	₹ 2,400.00
<b>Gross Amount</b>		₹ <b>18,881.00</b>
<b>Net Payable</b>		₹ <b>18,881.00</b>
<b>Advance Amount</b>		₹ <b>18,881.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**Received Amount in Words** : Eighteen Thousand Eight Hundred Eighty-One  
Only

KARTHIK C  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	18/12/2023	MMH/MH/RECH00381	UPI	Advance Amount	10,000.00
2	19/12/2023	MMH/MH/RECH00396	CHEQUE	Advance Amount	1,893.00
3	19/12/2023	MMH/MH/RECH00397	UPI	Advance Amount	6,988.00