

**IN PATIENT SUMMARY BILL**

UHID : MMH202372249  
IP No : IP2023002770  
Patient name : Mr.BABU S  
Age : 37 Y 0 M 2 D/Male

Bill No : MMH/MH/IP00206  
Bill Date : 22/12/2023  
DOA : 20/12/2023 1:10PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.T.PALANIAPPAN

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 2,200.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 1,400.00
4	LABORATORY	₹ 1,680.00
5	NURSING CHARGE	₹ 1,500.00
6	PROFESSIONAL TEAM FEES	₹ 5,000.00
7	RADIOLOGY	₹ 3,500.00
<b>Gross Amount</b>		₹ <b>15,630.00</b>
<b>Net Payable</b>		₹ <b>15,630.00</b>
<b>Advance Amount</b>		₹ <b>10,000.00</b>
<b>Received Amount</b>		₹ <b>5,630.00</b>

**Received Amount in Words** : Fifteen Thousand Six Hundred Thirty Only

DINESH

**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00411	CASH	Advance Amount	10,000.00
2	22/12/2023	MMH/MH/REDH02183	CARD	Collected Amount	5,630.00