

**IN PATIENT SUMMARY BILL**

UHID : MMH202372288  
IP No : IP2023002773  
Patient name : Mrs.RAJESWARI P  
Age : 68 Y 0 M 2 D/Female

Bill No : MMH/MH/IP00218  
Bill Date : 24/12/2023  
DOA : 20/12/2023 7:30PM  
DOD :  
Entity Type : CASH  
Entity Name : CASH

Consultant Name : Dr.BALAMURUGAN.S

S.No	Description	Amount
1	ADMINISTRATION CHARGES	₹ 350.00
2	BED CHARGES	₹ 16,800.00
3	DUTY MEDICAL OFFICER CHARGE	₹ 2,800.00
4	EQUIPMENT	₹ 6,000.00
5	GENERAL PROCEDURE	₹ 950.00
6	INJECTION CHARGES	₹ 200.00
7	LABORATORY	₹ 144.00
8	NURSING CHARGE	₹ 3,000.00
9	OPERATION THEATRE CHARGES	₹ 27,300.00
10	PHYSIOTHERAPY	₹ 2,100.00
11	SURGICAL TEAM FEES	₹ 60,500.00
12	ULTRASOUND	₹ 2,000.00
<b>Gross Amount</b>		₹ <b>122,144.00</b>
<b>Net Payable</b>		₹ <b>122,144.00</b>
<b>Advance Amount</b>		₹ <b>122,144.00</b>
<b>Received Amount</b>		₹ <b>0.00</b>

**Received Amount in Words** : One Lakh Twenty-Two Thousand One Hundred  
Forty-Four Only

DINESH  
**Authorised Signature**

**Payment History**

S.No	Receipt Date	Receipt Code	Payment Mode	Trans. Type	Received Amount
1	20/12/2023	MMH/MH/RECH00419	CARD	Advance Amount	10,000.00
2	21/12/2023	MMH/MH/RECH00429	AFFORDPLAN	Advance Amount	30,000.00
3	24/12/2023	MMH/MH/RECH00462	CARD	Advance Amount	60,500.00
4	24/12/2023	MMH/MH/RECH00463	AFFORDPLAN	Advance Amount	21,644.00